



## PATIENT AGREEMENT

- ❑ New York State law requires that patients obtain a written prescription before initiating treatment by a licensed physical therapist if they are to use their insurance benefits to pay for treatment.
- ❑ All visits are by appointment only and generally last between 30 and 60 minutes.
- ❑ We request that patients call if they are going to be late. If a patient is more than 15 minutes late for an appointment, Brooklyn Body Works PT, PC reserves the right to cancel the appointment. Remember, this is your scheduled time and the therapist's time is just as valuable as your own time.
- ❑ The patient is responsible for all co-payments and deductibles prior to receiving treatment.
- ❑ We request 24 hours notification in the event of a cancelled appointment.
- ❑ BBWPT, PC reserves the right to charge a \$50.00 cancellation fee for repeated late cancellations or no-show appointments (no phone call prior to cancellation). (See our cancellation policy at front desk)
- ❑ Any cancellations should be rescheduled within the same Monday – Saturday period. In other words, if a patient begins the week with two appointments, he or she should complete the week having been seen twice. This is for the benefit of the patient to achieve the highest level of outcome.
- ❑ Should a patient cancel or no-show repeatedly within the course of treatment, the patient may be taken off the schedule and may forfeit all future appointments. Workman's compensation and no-fault patients also risk losing their benefits for physical therapy services and/or may face other legal consequences for non-compliance with care.
- ❑ Patient is responsible to inform BBWPT, PC of any changes in insurance coverage prior to that change. If the patient fails to inform BBWPT, PC of a change in insurance coverage, the patient will be held responsible for any unpaid claims related to a lapse or change in benefits. This includes MEDICARE patients who are under Home Health Care or those who choose a Medicare Advantage plan.

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\_\_\_\_\_ I understand that I will pay all treatment fees directly to Brooklyn Body Works Physical Therapy.

\_\_\_\_\_ I understand that I am responsible for my deductible, co-pays and all late cancellation or no-show fees.

\_\_\_\_\_ I hereby state that I am not eligible for NYS No-Fault or NYS Workman's Compensation Insurance.

\_\_\_\_\_ I agree to inform BBWPT, PC of any changes in my insurance coverage or benefits prior to the effective date of these changes.

I agree to treatment on the above terms.

Name\_\_\_\_\_

Date\_\_\_\_\_

Signature\_\_\_\_\_