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## APPOINTMENT/CANCELLATION/FINANCIAL POLICY

**Appointment Policy:** I understand that my doctor has prescribed therapy for me and that physical therapy is an ongoing process, which requires regular attendance to be optimally effective. When one does not show up for treatment, or cancels the same day, it is time taken away from others who could utilize that treatment time. I understand that if I am running late NYPT reserves the right to reschedule my appointment to another day, later time or will attempt to accommodate me if possible which may include an abbreviated session for that day. I understand that if I cancel or no show for **2 consecutive weeks**, NYPT has the right to discharge me from care for being non-compliant with my physician's orders.

**Cancellation Policy:** I understand and agree that New York Physical Therapy requires 24-hour advance notice of cancellation. If I fail to give 24-hour notice of cancellation or fail to show up for an appointment, I may be subject to a **\$10 charge** (which is not covered by insurance, workers compensation, or no-fault). This fee will be collected prior to my next appointment. Our office does acknowledge extenuating circumstances and will take them into consideration when charging the fee.

**Financial Policy:** Central Valley Stream Physical Therapy, PLLC DBA New York Physical Therapy will bill my insurance carrier as a courtesy. Patient responsibility is explained and **co-payments** or other payment responsibilities are due at each visit. Co-insurances, deductibles and other payments may be billed to me and collected after NYPT receives payment from my insurance company.

**It is your responsibility to inform the front desk of any policy changes in your insurance.**

Many of the insurances require prior authorization for physical therapy. In the event of a policy change it may be required to obtain prior authorization. In the event your insurance company requests a refund for payments made, you are responsible for the amount of money refunded by the insurance company. In the event your insurance company reimburses payment directly to your home, payment must be signed over to New York Physical Therapy.

Workers Compensation and No-Fault patients: if your case is closed or coverage is no longer effective it is your responsibility to submit a copy of your private insurance card and information to the front desk. You may be held responsible for the total amount of charges for services rendered to you.

In the event payments requested from our office are not received in a timely fashion your account will be forwarded to our collection agency.

Any accrued unpaid charges prior to being handed over to our collection agency can be paid by cash or check. We cannot collect co-payments, co-insurances, or deductibles by credit card we apologize for this inconvenience.

Signature: \_\_\_\_\_  
(Parent or Legal Guardian if patient is under 18)

Date: \_\_\_\_\_

Reviewed by \_\_\_\_\_