Divine
Therapy & Wellness, LLC.
Striving for Excellence in Rehabilitation Care

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PATIENT AGREEMENT

1. Physical therapy is by physician referral and/or call in appointment only.

2. If a patient is more than 15 minutes late for an appointment, **Divine Therapy & Wellness** reserves the right to cancel the appointment and charge a $50 late cancellation fee.

3. A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE, OR THE PATIENT WILL BE CHARGED** a $50.00 late cancellation fee.

4. **A late cancellation may be rescheduled TO AVOID THE CANCELLATION FEE** if the appointment is rescheduled within the same Monday – Friday period (prior to the upcoming weekend). In other words, if a patient begins the week with two appointments and completes the week having had two treatments, no cancellation charges will be assessed if one appointment had been late cancelled and rescheduled.

5. Should a patient miss 3 consecutive appointments without calling to cancel, the patient will be taken off the master schedule and will forfeit all further permanent appointments.

6. **PLEASE INFORM YOUR PHYSICAL THERAPIST FOR YOUR SCHEDULE CHANGE**.

7. Full payment of your outstanding deductible and all initial co-payments are to be made directly to **DIVINE THERAPY & WELLNESS LLC.** at the time of the initial visit. Subsequent physical therapy co-payments (and cancellation fees assessed) are to be made at the time of each visit.

8. If any changes are made to patient insurance/payment coverage, patient agrees to alert **DIVINE THERAPY & WELLNESS** as soon as possible to these changes.

_____ I understand that I will pay all treatment fees directly to **DIVINE THERAPY & WELLNESS**.

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

I agree to treatment on the above terms.

Name_____ Date_____

Signature_____