

Important Company Policies

We strive to provide you with the best personalized care available. To make this possible we adhere to a set of very important policies. Please read them carefully and indicate your acknowledgement by signing at the bottom. *Note: While these policies are not negotiable, we are **VERY** understanding of life situations and will try to work with you when or if those situations arise.

Late Policy "10-minutes" - Being late by more than 10 minutes may require you to reschedule or wait for the next available opening. There are no guarantees since openings due to cancellations are unpredictable. We discourage appointment overlap due to tardiness because this undeservedly compromises the care of another patient.

Cancellation/No Shows - If you wish to change or cancel your appointment we require a minimum **24-hour advance notice**. Anything less may result in a **\$25 fee** charged to your account. If you fail to show for an appointment without notice all future appointments may be removed and a **\$25 fee** assessed to your account for that visit. You may reschedule appointments again on a "first come, first serve basis" when you have paid for the missed visit in full. It costs us money to make appointments available to you. Whether you attend or not we still accrue the expense (for staff wages, rent, etc.). We do NOT make money with this charge; it's only to act as a deterrent from making last minute changes. Advance notice allows someone else (who needs it) time to reserve it in place of you. We understand extenuating circumstances may sometime apply, if so, please let us know as soon as possible. **YOUR COURTEOUS CONSIDERATION AND UNDERSTANDING ARE APPRECIATED.**

Co-pays and Self-Payment will be due at time of each visit - If you happen to forget your wallet or checkbook we may still be able to see you however payment will be expected at the time of or before your next appointment. Additionally, if you fail to return for further visits you will still be responsible for any balance owed on your account. This allows you to keep your appointments however multiple offenses or extended delay in payment may result in a small surcharge.

Therapy/Service and Emotional Support (Comfort) Animals - We at Pro Motion Rehab respect the need for Service/Support Animals for those with a specific disability that would require such assistance. However, we are unable to accommodate Emotional Support Animals in the facility due to the difference in training, function and the potential difference in temperament. As allergies often cause certain patients to be unable to tolerate the dander on such animals and the potential for fleas to be left behind, we ask that you consider leaving your comfort animal in the care of someone that you trust. Americans With Disabilities cites that emotional support animals do not have the training to do specific tasks in assisting a person with disability or impairment, unlike service animals. Hence, the pets may not be allowed to accompany their owner in public places ie. restaurants, stores, hotels. Under the ADA and North Carolina law, owners of public accommodations are not required to allow emotional support animals, only service animals in their establishments.

Cell phones must be shut OFF or silent - We realize emergencies may arise and therefore allow you to carry your phone during your session, however please be courteous and set to vibrate / silent mode or turn off. Thank you.

Children or Minors requiring supervision are NOT allowed to be left unattended in the reception area - You may not bring children who require supervision with you and leave them **unattended** in the reception area. Likewise, if a child is a source of distraction from your care, we request that the child not attend your appointment. If your child does not require supervision and is capable of waiting for you quietly without disruption to our reception area then you may bring them. If any disturbance is caused to other patients or staff members you may be asked to terminate your session early and attend to your child.

Parental / Legal Guardian Supervision / Availability - Any minor under the age of 16 years will be required to have a parent or legal guardian present, onsite or readily available (on premises), while treatment is being rendered. Any minor under the age of 16 years left or dropped off by the parent or legal guardian will not receive treatment until the parent or legal guardian is readily available as described above. ***NOTE: A minor over the age of 16 years may be required to have a parent or legal guardian readily available if requested by therapist or office manager.**

Financial Hardship - If you are experiencing financial difficulties and are unable to afford co-pays associated with your services we have a "Financial Hardship Form" which may be filled out. If you qualify for financial assistance according to the Federal guidelines, we may legally assist you by waiving or discounting your (patient responsibility) portion of the bill. Ask the front desk person for assistance.

Important Notice from the Federal Government:

"It is unlawful to routinely avoid paying your co-pay, deductible or co-insurance payments... even if your doctor allows it. Unless you complete a "Financial Hardship" form and qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your doctor allows it. You both may be charged for breaking the law. This includes services deemed as "professional courtesy" and "TWIP's—Take what insurance pays". Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, State Insurance Fraud Laws, Failure to comply may result in civil money penalties (CMP) in accordance with the new provision section 1128 A(a)(5) of Health Insurance Portability and Accountability Act of 1996 [section 231(h) of HIPAA]. Exceptional cases do apply.

I have read, understand, and agree to all the policies on this form.

Patient Signature: _____

Date: _____

Legal Guardian (Print Name): _____

Signature: _____