



Thank you for choosing Orleans Community Health as your provider of choice.

Our Philosophy

Our team, of highly trained Physical, Occupational and Speech Therapists, are responsible for providing individualized treatment and services, designed to meet the specific needs of each patient. We believe that the patient is an important and active member of that team, and as such, also bears certain responsibilities necessary for the success of that treatment. Success depends on the patient's full participation and effort both while receiving treatment in clinic and following home instructions while at home. Patients are also responsible for providing payment for therapy services. We ask that you acknowledge these responsibilities before starting treatment.

Patient Responsibilities

As a patient and member of the treatment team I will:

- ...give accurate information regarding my medical history and notify my caregiver of any unexpected changes relating to my health.
 - ...follow the treatment plan as agreed upon with my therapist, and will strive to consistently perform all components of treatment, including the Home Exercise Plan.
 - ...provide feedback to the therapy staff in regards to treatment and the established home exercises and will ask questions when I do not understand my instructions, or what is expected of me.
 - ...actively participate in decisions regarding my treatment and will be accountable for the outcome of treatment if I refuse treatment or fail to properly follow instructions.
 - ...respect the rights of others and observe the rules of common courtesy.
 - ...place a high priority on attending all scheduled therapy appointments. If I fail to keep an appointment and do not call, I agree to be charged a **\$20 fee**. If I cancel or no-show three consecutive visits, without sufficient reason as determined by the therapist, I will automatically be discharged from therapy, and the referring physician will be notified.
- If my insurer requires a referral before agreeing to pay for therapy services, I as the patient am responsible for obtaining a valid referral from the ordering physician. The referral must be in effect at the time the service is provided. If not, I am financially responsible for the services rendered if my insurance coverage is denied.
- I am always responsible for applicable co-payments, co-insurances and deductibles as determined by my insurance policy. I will make applicable payments after each treatment, unless other arrangements are made with Orleans Community Health.

I am responsible for the payment of services if my insurance does not cover a visit or admission. I will provide Orleans Community Health with sufficient billing information to bill my insurer. Further, it is my responsibility to determine whether therapy services are covered under my plan. I am always primarily responsible for payment. Although Orleans Community Health has agreed to bill my insurance carrier on my behalf, any charges not paid by my insurance company, under my plan, are ultimately my financial responsibility.

I have read and agree to the terms listed above.

Patient Signature

Date