

## Centered Health Physical Therapy

91 South Main Street, West Hartford, CT 06107

(p) 860.648.0659 • (f) 888.972.4971 • email@CenteredHealthPT.net

www.CenteredHealthPT.net

### Welcome

Thank you for choosing us as your provider. We are dedicated to bringing you the very best in physical medicine in order to help you attain your health goals. This introductory letter will provide you with all the information you need for joining the practice.

After you have secured your first appointment, the next step is to complete our paperwork, which can be found on our website. At the home page, click the link within the 'New Patient' section at the bottom, center of the page. Here you can find a link for **three separate forms** - Patient Welcome Letter, Patient Intake and Informed Consent. **These forms need to be filled out completely prior to our first visit.** Please take your time and fill these out in detail as this information will help guide me in selecting the appropriate care and guidance that is in your best interest.

### Expectations

Each visit is spent entirely one on one in a private setting. The initial appointment is largely a time to connect, gather your history and perform our evaluation. During follow up visits, we will briefly connect about your status, answer any questions you may have and then proceed to evaluation and treatment.

**For all appointments, we ask that you wear comfortable, loose-fitting clothing that allows movement as well as access to palpation.** Jeans, dresses, yoga pants and other similarly restrictive clothing are more difficult and sometimes impossible to work with. Please do not apply lotion to the body prior to your appointment.

**We do not provide reminder calls for scheduled appointments.** If you miss your appointment you will be charged the 'missed appointment fee' of \$100.

Please arrive promptly for appointments as this helps me to be on time with all of my patients.

### Financials

We are in-network with a handful of major insurance companies. For a current list, please speak to us over the phone. If you are choosing to go through your insurance carrier, we will submit billing to them. **However, it is your responsibility to be aware of any out of pocket expenses** - copays, coinsurances, deductibles, etc. - which are due at the time of service. We suggest you check this information prior to your first appointment (benefits will be listed under Physical Therapy).

If we are out-of-network with your insurance carrier, you may be able to get reimbursement for services. If this is the case, we can provide you with the appropriate forms for you to submit to your insurance company. Reimbursement will vary depending on your benefit package. It is up to you to verify this information.

**Cancellation policy:** We ask that you call 48 hours in advance to cancel an appointment. This is so we may offer your slot to another patient. Failure to cancel in 48 hours will result in a \$100 charge - not covered by insurance. The only exception is in the case of emergencies or sickness.

**No Show policy:** Failure to show up for a scheduled appointment will result in a 'no show' fee of \$100.

A credit card is required to secure an appointment. This card will remain part of your file and only used if you 'no show' for your initial evaluation (charged as above) or an invoice has gone 60 days past due. All invoices are due within 30 days of delivery.

### Credit Card Information

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\*Your credit card will not be charged at this point.

INITIAL: \_\_\_\_\_