REHABILITATION GUIDELINES

- IT IS **YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES TO YOUR INSURANCE POLICY.** SHOULD YOU FAIL TO DO SO YOU WILL BECOME FINANCIALLY RESPONSIBLE FOR ANY VISITS NOT COVERED BY YOUR INSURANCE POLICY.

- IT IS **YOUR RESPONSIBILITY** TO INFORM US IF YOU HAVE AN OPEN **NO-FAULT** OR **WORKERS COMPENSATION** CASE PRIOR TO BEGINNING YOUR TREATMENT WITH US.

- If you are more than **15 MINUTES LATE** for your appointment we reserve the right to shorten your session for that day.

- **IN ORDER TO RECEIVE MAXIMUM BENEFIT FROM YOUR REHABILITATION PROGRAM, IT IS OF UTMOST IMPORTANCE THAT YOU ATTEND YOUR THERAPY APPOINTMENTS AT THE PRESCRIBED FREQUENCY. EVERY FEW WEEKS WE WILL COMMUNICATE A PROGRESS REPORT TO YOUR PHYSICIAN. THE PRESCRIBED FREQUENCY IS WHAT YOUR PHYSICIAN FELT WAS NECESSARY TO ACHIEVE A GOOD OUTCOME.**

- If you are unable to keep your appointment you must call or email (*info@theramaxrehab.com*) to notify us at a minimum of **12 HOURS** prior to your scheduled appointment time.

- It is your responsibility to schedule your appointments at least **TWO WEEKS** in advance.

- It is your responsibility to inform staff members, including the secretary, prior to any physician appointments.

- Please wear comfortable exercise clothing such as sweat pants, sweat shirt or t-shirt, sneakers, etc…

- Please **DO NOT APPLY** any lotions or creams prior to your appointment.

- Your cooperation is appreciated. We look forward to working with you and obtaining optimum results from your rehabilitation program. This form has been fully explained to you and you understand it.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY CHARGES **NOT COVERED** BY MY INSURANCE POLICY.

SIGNATURE _____ **DATE**_____