

COMPREHENSIVE OUTPATIENT REHABILITATION CENTER

Pediatric Rehabilitation

Phone: 973.322.6363 Fax: 973.322.6361

Patient Agreement

Dear Patient/Parent,

Welcome to Barnabas Health Ambulatory Care Center Pediatric Rehabilitation!

Thank you for choosing The Physical and Occupational Therapy Program to provide services for your needs. We hope and expect that our services will meet your needs in a pleasant environment. To ensure that all therapy sessions run smoothly and that you have the best possible experience, please review the following guidelines:

PRESCRIPTIONS:

1. You **MUST** have a current (written no more than 4 weeks prior to start of evaluation) and complete prescription.
2. Prescription must be brought on the day of your evaluation.
3. Your primary therapist will inform you if a prescription needs to be renewed.

INSURANCE:

1. Upon intake, we call your insurance company to verify your benefits and inform you of the results prior to your appointment.
2. You **MUST** inform our office of any changes regarding your insurance information so we can better assist you during your therapy.
3. **REFERRAL:** If a referral is required, please obtain one from your physician prior to your appointment date.
4. **AUTHORIZATION:** If an authorization is required, please obtain one from your physician prior to your appointment date.

APPOINTMENTS:

1. Each therapy session may last from 30 to 60 minutes. Please make sure that you arrive on time so we can provide the maximum therapy session for you.
2. If you cannot keep an appointment, **PLEASE** call as at 973.322.6363 at least 24 hours before your appointment to cancel or reschedule. We will be happy to assist/accommodate your needs.
3. It is our policy that if you miss 3 consecutive appointments or 50% of your scheduled treatment sessions, we may cancel all other scheduled appointments. You will need to obtain a new prescription and call us to schedule a new appointment. Please inform your therapist for any extenuating circumstances well in advance.

PROVISION OF SERVICES:

1. Your treatment program will be established by a licensed Physical or Occupational Therapist based upon a comprehensive evaluation related to your diagnosis.
2. Goals will be established by you, your child (if applicable) and the therapist.

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION. I AGREE TO THE IMPORTANCE OF EACH IN MY REHABILITATION PROCESS.

Patient's Signature

Date

Therapist's Signature

Date

Time