Welcome to Dorner Physical Therapy!
We are pleased to have you as a patient. You have been referred to physical therapy because your doctor believes you will benefit from our service. Research has shown that physical therapy can help to restore movement, relieve pain, strengthen muscles, improve over-all function and prevent further injury. To accomplish this we use a variety of treatment techniques and patient education. Please read the following information. We want to make your treatment at our facility as positive and effective as possible. We hope that your time here will be rewarding both physically and educationally.

Privacy Practices: Please note our Patient Information Practices (see attached) regarding the protection of your personal health information. This is also posted in the reception area. Further detail is available in the Dorner Physical Therapy Patient Information binder accessible in the reception area at all times. We reserve the right to change these privacy practices as needs and circumstances warrant.

First Visit: Our Physical Therapist will evaluate you to determine your specific physical needs in order to establish an individualized treatment program. This initial evaluation may take up to one hour. You and your therapist will discuss and agree upon the goals of your treatment. A detailed summary of this evaluation will be mailed to your referring physician.

Treatments: The Physical Therapist may use methods such as therapeutic exercise, joint and soft tissue mobilization, ultrasound, electrical stimulation, heat/cold therapy and patient education. Most treatment sessions will last between 45 minutes and one hour.

Home Program: During the course of your rehabilitation, your therapist will prescribe a home exercise program to be carried out on your own. This is an important part of your treatment program. In most cases, two to three hours a week spent in physical therapy is not enough time to improve function.

Progress Report: Your therapist will provide written updates on your progress to your referring physician before each of your follow-up visits with their office. It is essential that you inform our receptionist and your therapist of any return to physician dates you set so that we may prepare and present this progress report to your physician before your appointment.

Tardiness: We may have to reschedule your appointment if you are more than ten minutes late. We will make every effort to respect your time, and expect that you will respect our time as well as your fellow patient’s time.

Rescheduling Appointments: We request 24-hours notice if you must reschedule or cancel an appointment. This allows another patient to utilize that time slot. Cancelling less than 24-hours before your scheduled appointment may result in a fee of $25.00. Ideally, rescheduled appointments should be in the same week as the original appointment whenever possible. There may be times you need to reschedule with less than 24-hours notice. If this is the case, please call our office as soon as possible. Our office has an answering machine to allow you to call at any time.

No Show: You will be responsible for a $25.00 CHARGE if you do not come to a scheduled appointment without calling in advance to cancel. This is to be paid at your next visit.

Please see reverse for additional information →
If you are covered by Worker’s Compensation, we must notify your adjuster/case manager of appointments missed without cancellation.

**Payment Options:** We gladly accept checks and cash, however *we do not accept credit cards at this time.*

**Dress:** It is important that you dress appropriately for your treatment sessions. We recommend shorts/sweats, t-shirt, and tennis shoes.

**Children in the Gym area:** Children who are not being seen as patients will not be allowed in the gym area. This is for their safety as well as the safety of other patients in the gym.

**Fees and Insurance Billing:** Your insurance is a contract between you and your insurance company. Professional services are rendered to you, not the insurance company. *Almost every medical plan has a deductible amount and either a patient co-pay, patient co-insurance percentage, or both. Rarely is coverage 100%.*

As a courtesy to you, we will bill your primary insurance company. *It is your responsibility to furnish all necessary numbers and non-medical information regarding your insurance policy in a timely manner* so that we can secure prior approval for physical therapy benefits. If we are unable to secure prior approval because we lack complete and correct information, all fees for service will be due from the patient at the time service is rendered. You will *always* be responsible to pay deductible amounts, and to pay non-covered amounts on a weekly basis unless other arrangements have been made.

We will make every effort to collect payment from your insurance company, including submission of claims and follow-up thereafter. If claims are not processed in a reasonable amount of time, we will contact you. It will then be *your responsibility* to contact your insurance company regarding the amount past due, and you may be asked to pay the amount due yourself.

We appreciate your honest feedback regarding your experience with us. *We will do everything possible to speed you along the road to recovery.* Thank you for choosing Dorner Physical Therapy.

*Sincerely,*

**Pamela Dorner, MS, PT, OCS**

*And Staff*