

FREDERICKSBURG ORTHOPAEDIC ASSOCIATES, P.C.  
PHYSICAL THERAPY INSTITUTE  
**PHYSICAL THERAPY TREATMENT POLICY**



The following is a brief explanation of our policies regarding physical therapy treatments.

**THIS PHYSICAL THERAPY DEPARTMENT IS PART OF FREDERICKSBURG ORTHOPAEDIC ASSOCIATES, P.C. IF YOU CHOOSE TO HAVE YOUR PHYSICAL THERAPY PERFORMED AT ANOTHER FACILITY, WE WILL BE GLAD TO REFER YOU.**

An itemized list of charges for your treatment will be given to you on your first visit to the therapy department. Payment in full will be expected at the time of each visit unless proof of full or partial insurance coverage for physical therapy has been furnished. If you have partial insurance coverage, you will be expected to pay the non-covered amount. If you cannot do this, arrangements must be made with our collection manager.

In most cases, we will file your insurance for you or assist you with it. Please discuss this with our receptionist.

We request notification of 24 hours prior to your appointment should you need to cancel. This allows us the opportunity to schedule another patient.

If you have any questions or concerns, please discuss them with us so we can better serve you.

I have read and understand the above policies.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_