

**RECOVERY PHYSICAL THERAPY, PC**  
**PATIENT AGREEMENT**

- Physical therapy is by physician referral, direct access and appointment only.
- If a patient is more than 15 minutes late for an appointment, **RECOVERY PT** reserves the right to cancel the appointment and charge a \$50 late cancellation fee.
- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE OR THE PATIENT WILL BE CHARGED FOR THAT APPOINTMENT.**
- A late cancellation may be rescheduled at **NO ADDITIONAL CHARGE** if the appointment is rescheduled within the same Monday-Friday period (prior to the upcoming weekend).
- At the end of each week, **ALL PATIENTS** including those eligible for No-Fault, Worker's Compensation, Medicare or any other insurance coverage, **WILL BE DIRECTLY RESPONSIBLE FOR PAYMENT OF \$50.00 FOR EACH MISSED OR LATE CANCELLATION** (non-rescheduled) **APPOINTMENT.**
- Should a patient miss two consecutive appointments without calling to cancel, the patient will be taken off the master schedule and will forfeit all further permanent appointments.
- If a patient does not honor a rescheduled appointment, **THE PATIENT WILL BE CHARGED FOR BOTH THE ORIGINAL CANCELLATION AND THE RESCHEDULED APPOINTMENT.**
- PLEASE INFORM THE FRONT DESK STAFF OF ALL SCHEDULING CHANGES. YOUR THERAPIST IS NOT RESPONSIBLE FOR YOUR SCHEDULE.
- Full payment of your outstanding deductible and initial co-payment is to be made directly to **RECOVERY PHYSICAL THERAPY** at the time of the initial visit. Subsequent physical therapy co-payment is to be made at the time of each visit.

---

\_\_\_ I understand that I will pay all treatment fees directly to Recovery PT

\_\_\_ I understand that I am responsible for my deductible co-pays and all late cancellation or no-show fees.

\_\_\_ I hereby state that I am not eligible for NY No-Fault NY Worker's Compensation or Medicare.

I agree to treatment on the above terms

Name \_\_\_\_\_

Date \_\_\_\_\_