



PATIENT GUIDELINES

*Welcome and thank you for selecting **The Jackson Clinics** for your physical therapy care.*

Our mission is to offer you the highest quality care in a comfortable, efficient and safe manner. Listed below are some guidelines for your review. Throughout the time you receive services from our organization, please feel free to contact any member of our team with questions or if you need any information.

*Wishing you good health,
The Jackson Clinics*

- **Primary Care Referrals:** Please obtain all of the necessary referral forms (if required by your insurance) from your primary care physician in advance of your visit. Unfortunately, patients cannot be seen without the appropriate referral.
- **Co-Payments:** Co-payments must be paid upon the patient's arrival. We accept cash, check and most major credit/debit cards.
- **Non-covered services:** Supplies and equipment must be paid for at the time of service.
- **Attire for Physical Therapy:** Shorts or sweatpants with an elastic waistband may be ideal, particularly if we are treating the lower extremities. Loose-fitting clothing is recommended for treatment of the upper extremities.
- **Tardiness:** Please call if you are running late. Physical therapy treatments may be abbreviated for patients arriving 10-15 minutes late. If you arrive more than 15 minutes late you may be asked to reschedule. Obviously, we try to deliver the same respect for your time – if we are running late, the session will be completed in its entirety.
- **Appointment/Cancellation Policy:** I understand that physical therapy has been prescribed for me and that physical therapy is an ongoing process which requires regular attendance to be optimally effective. I understand that if I am late for my appointment, I may be given the opportunity to reschedule my appointment or to accept an abbreviated treatment for that day. I understand that if I cancel or no show for three cumulative appointments, The Jackson Clinics may discharge me from care for being non compliant.

I understand and agree that The Jackson Clinics requires a 24 business hours notice of cancellation. Should I fail to give 24 hours notice of cancellation or fail to show up for an appointment, I will be charged a \$30 cancellation/no show fee (which is not covered by insurance).

I have read and understand the above guidelines.

Signature of Patient or Responsible Party

Date