

*Sagewood Physical Therapy North
Jennifer Anderson PT, MS
3180 Harlan Street · Wheat Ridge, CO 80214
720-635-9868 Office/Cell · 303-235-2706 Fax*

PRACTICE POLICIES AND PROCEDURES

Once you have started your course of physical therapy, we would like to provide you with some necessary and useful information to make your experience more beneficial.

We are happy to provide you with information about our methods of treatment, technique uses, possible duration of therapy and our fee structure. We take pride in going above and beyond to take care of each patient's injuries and to work on an individualized treatment program. We also understand that at times, more communication is necessary and are more than willing to assist you with any questions or concerns you may have. If you feel more comfortable utilizing the "Patient Survey" form for issues, please do so.

During treatment, please understand that your pain will probably increase and decrease as your course of treatment progresses. Neither of these reasons should prevent you from coming to your scheduled appointments. If the pain is gone, then it will be time to begin rehabilitation for the injured area to prevent reoccurrence. If your pain is worse, then we may need to change our course of action, but it is quite common to be sore after manual therapy sessions. The key to this process is communication!

We would like to request the consideration and respect regarding cancellations and no shows. It is your responsibility to call in when you are unable to make a scheduled appointment. **Please realize when you don't show as scheduled, three people are hurt.** You, because you didn't get the treatment you need as prescribed as your doctor; the therapist who now has a hole in her schedule; and the person that couldn't get in to see the therapist when you had your appointment scheduled. There is a \$30.00 fee for a cancellation or no-show without proper notice. This charge will not be covered by your insurance; it must be paid by you personally.

For Workman's Compensation and Personal Injury patients: Documentation of any missed appointments is forwarded to your case manager and primary physician.

Please note that this could jeopardize your claim

I have read and understand these policies.

Patient Name: _____

Signature: _____

Date: _____