



## IMPORTANT CLINIC POLICIES

### **Our Commitment to You:**

Kingsley Physical Therapy is committed to providing you with the very best personalized care available. We deliver effective one on one treatment that is completely individualized for each patient. This requires a very specific treatment environment. Unlike most clinics, we do not use assistants. All of your treatment will be provided directly through your physical therapist. You are scheduled with the same therapist for each treatment session and we do not double book patients for the same appointment. We provide our therapists with a high level of training and give them the time they need to use it. To make this possible we adhere to an important set of policies. Please read them over carefully and indicate your agreement by signing at the bottom.

### **Cancellations (\$25 fee without a 24 hour notice):**

If you wish to cancel or reschedule an appointment please call us at 231-263-1001 with at least 24 hour advance notice. Advance notice allows someone else (who needs it) access to that appointment time. We charge \$25 as a deterrent from making last minute changes. Thank you in advance for being courteous and responsible.

### **Missing an Appointment (\$50 fee):**

If you miss an appointment without notice, your account will be billed \$50. If this occurs more than once, your future appointments will be removed. You may reschedule after talking with your physical therapist.

### **Returned Checks & Delinquent Accounts:**

In the even we have a check returned, a \$25.00 returned check fee will be applied to your account. Delinquent accounts that are forwarded to a collection agency will be charged a fee of 30% of the balance.

### **Children in Clinic:**

Children may accompany you in the clinic but need to be supervised and must stay off of clinic equipment. By signing below, you acknowledge and agree that neither Kingsley Physical Therapy, nor any of its members, employee or representatives, shall have any responsibility to supervise your children in the clinic, and you agree to release for yourself and your children, Kingsley Physical Therapy and its members, employees or representatives from any and all claims of any kind that you or your child may have against any of them at the time hereafter as a result of your children's presence in the clinic or anything arising in connection therewith. Thank you for your understanding and cooperation.

I have carefully read and agree to all the above policies. In the event such policies are broken, I agree to the consequences set forth.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_