

SPORTS MEDICINE AND REHABILITATION THERAPY, INC.

PHYSICAL THERAPY

www.smartphysicaltherapy.com

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OFFICE POLICIES – PLEASE READ AND SIGN BELOW

Twenty four (24) hours notice is required for all cancellations. **There is a \$35.00 charge** for all missed visits and visits not canceled within the required time. This fee must be paid prior to the next scheduled appointment or within 30 days if no further appointments are scheduled.

All co-payments are due at the time of the visit. It is the patient's responsibility to know if a co-payment is required by their insurance and the proper amount of that co-payment. S.M.A.R.T. will not be responsible for ensuring collection of these payments and reserves the right to bill at a later date if the co-payment is not made at the time of the visit.

It is the patient's responsibility not the responsibility of S.M.A.R.T., to verify coverage for physical therapy services with their insurance company.

If information for submission of claims is not provided, or if the information provided is inaccurate, the bill for services will be the patient's responsibility.

If an account becomes delinquent, the patient will be responsible for payment of any collection and/or legal fees incurred.

I have read the above policies and understand and agree to their content.

Signature of Patient or Parent/Legal Guardian

Date