

SALMON CREEK

Physical Therapy

CLINIC, P.S.

Thank you for selecting Salmon Creek Physical Therapy Clinic to be part of your rehabilitation. Below we have condensed most of our policies as to be efficient with your valuable time. Please review:

Registration Form: This form allows for personal/contact information and insurance information to assist with verification of benefits.

Financial Agreement: This explains in detail the professional relationship between the patient and Salmon Creek Physical Therapy Clinic.

HIPPA: This form will explain your rights as a patient and to your privacy.

1) Cancellation Policy: Due to the nature of our business, having an updated schedule is of utmost importance. We appreciate your cooperation.

A \$35.00 cancellation fee will be charged for any appointment not cancelled within 24 hours of scheduled appointment. NO show of appointment times will also be assessed with the same \$35.00 fee.

I agree to above stated release of records, cancellation policy and certify that I have either printed above-mentioned forms online or have been given the forms at the clinic.

Patient Signature

Date