

OUTPATIENT REHABILITATION DEPARTMENT

COPAY INFORMATION

Thank you for choosing the Orange Coast Medical Center's Outpatient Rehabilitation Department. We have verified insurance benefits for PT / OT/ ST with your insurance company. We have been informed that you have a \$_____ copay per visit. Payment is due at the time of service. Should this not be possible, please notify our front desk personnel who will be happy to explain additional options.

APPOINTMENT POLICY

We would like our patients to be informed of the following policies:

1. Cancellation of appointment must occur 24 hours prior to scheduled appointment.
2. When a patient misses 3 appointments without prior notification, the patient may be discharged from therapy.
3. When a patient cancels 5 appointments, the patient may be discharged from therapy.
4. Patients who arrive more than 15 minutes late will be considered absent, or have less treatment time, depending on the therapist's schedule.
5. If a patient carries an airborne disease or is in any isolation precaution, (s)he must cancel his/her appointment until (s)he is clear from precaution.

We appreciate your cooperation in helping us provide the best quality of rehabilitative services to the community.

I have read and will abide by the above policies.

Patient Name (Print): _____ Signature: _____ Date: _____