



FOOT • ANKLE • HAND • PAIN • SHOULDER • SPINE

PATIENT CONTRACT

At Athletic Orthopedic and Knee Center, we want you to benefit from your physical therapy as much as possible. Your therapist will provide you with education and treatments that will assist you in your recovery, but without your active participation and compliance with these exercises and attendance, full recovery may not be obtained. It is important for you to understand how critical your active involvement is in your recovery. Please take a moment to review this Patient Contract initial next to each statement and sign at the bottom.

Your insurance carrier may allow for a set amount of visits. You are responsible for keeping track of the maximum amount of visits. Once these visits have been exhausted you will be financially responsible. ____

If you are unable to attend a scheduled appointment, you need to call the physical therapy department at 713-984-1400 ext. 101. No shows or cancellations within 24 hours will result in a \$40.00 charge to your account. ____

I understand that my insurance will not cover an AOKC physician office visit on the same day I receive physical therapy at AOKC. If I schedule appointments to see this physician and receive physical therapy on the same date, I understand I am financially responsible for the full amount of the physician visit. ____

Two NO SHOW appointments with your therapist may result in you being discharged from our services. ____

Your therapist will conduct a re-evaluation within 30 days of initiating treatment. If you have missed appointments that delay your re-evaluation, you may be asked to present an updated prescription from your MD. This may require you to schedule an appointment with your treating physician's office. ____

You agree that your home exercise program is an important component of your rehabilitation process. ____

Please note that all no show appointments, cancellations, and discharges are communicated to claims adjusters assigned to Workers' Compensation and motor vehicle accident cases. ____

The entire AOKC physical therapy staff appreciates your active participation in your recovery process. Thank you for choosing our facility.

PATIENT NAME: _____ DATE: _____

PATIENT SIGNATURE: _____