



Thank you for choosing our services at Longmont United Therapy. We find that our patients appreciate knowing in advance, what is expected of them regarding insurance and office policies. Please read the following information carefully. If you have any questions, feel free to ask a staff member for clarification.

INSURANCE

I understand that it is my responsibility to update all information that pertains to billing my insurance. I also understand that any co payments that are required by my insurance are due at the time of service by check, cash, or credit card.

MISSED APPOINTMENTS/CANCELLATIONS

I understand that I am responsible to be on time for scheduled appointments. If I am more than 15 minutes late, my appointment may be cancelled and rescheduled for the next available time. I also understand that I need to give 24 hour notice if I need to cancel an appointment. After two cancellations or no-shows I may be discharged by my therapist and any remaining appointments may be cancelled.

303-485-4163 (24 hour message available)

Please wear comfortable clothing. Locker rooms are available to change clothes; you will need to bring your own lock. Exercise attire may be recommended for physical therapy. Please practice good hygiene for the consideration of all of our patients and visitors. Some patients may be sensitive to scent from perfumes or colognes. Please be considerate of others.

Family & Friends are welcome to observe your treatment session. For safety reasons they may not use any therapy equipment. Parents are discouraged from bringing young children.

Homework is an important key to successful therapy. Your therapist will likely ask you to practice exercises or other therapy tasks at home between your sessions. We encourage a family member or friend to assist you with instructions for these tasks as needed. If you have worksheets (such as in speech therapy) please bring them back with you for the next session.

Recovery depends on you. The success of your treatment depends on teamwork between you, your therapist, and your referring physician. Feel free to ask questions about your care any time. We want you to be an active participant in goal setting and determining the direction of therapy. We will stay in touch with your doctor and send reports of your progress during and at the end of your therapy. Please let us know ahead of time when you have an appointment with your physician so we may send a report.

Initials

Date