

# **The Sigurd Center for Orthopedic & Neurological Rehabilitation**

1311 Augusta Road West Columbia, SC 29169

P: 803.926.7204 F: 803.926.7206

www.sigurdphysicaltherapy.com

## **Cancellation Policy**

In order to be respectful of all of our patients, please be courteous and call us promptly if you are unable to make your appointment, so this time may be reallocated to another patient in need of treatment. If it is necessary for you to cancel your scheduled appointment, we require that you give us 24 hour notice. If an appt is cancelled within a 24 hour period, this may result in a \$25 cancellation fee that will be billed to the patient. Please call our office at 803.926.7204 if you need to cancel or reschedule an appointment. If you are unable to reach someone promptly, please leave a detailed message with complete information on our voicemail.

An appointment is considered a no-show if a patient does not show up at their scheduled appt. time or if they do not call to let us know of a cancellation at least an hour before the appointment time. Each no-show may be assessed a \$25 fee and will be billed to the patient. No-show appointments cause inconvenience not only to the treating therapist, but to other patients who need access to therapy appointments. Upon a patient's third no-show, they may be discharged from therapy services. Thank you for your understanding and know that our patients needs remain our top priority.

## **Financial Liability Agreement**

As service to our patients, we are happy to file insurance claims to second and third party insurance companies. With accurate insurance information provided we will verify benefits and obtain authorizations. Please keep in mind that verification and authorization does not guarantee coverage and/or payment. Many insurance policies require copay, deductible and coinsurance payments that will be the responsibility of the patient. Fees due to The Sigurd Center for Ortho & Neuro Rehab are your personal obligation, regardless of insurance coverage. Payment can be made by cash, check or Visa/Mastercard. The Sigurd Center will work with you and set up a plan, if needed.

The fact that I may or may not be covered by insurance does not relieve personal obligation to pay all fees due to The Sigurd Center for Ortho & Neuro Rehab. I have read and agree to all terms and conditions of this agreement, as well as, the cancellation policy/fee and no-show fee.

**Print Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_