Looking Ahead
PEDIATRIC PHYSICAL THERAPY
PLLC
Excellence in Infant Head & Neck Disorders

NEW PATIENT ORIENTATION

Welcome to Looking Ahead Pediatric Physical Therapy, PLLC. It is important that you understand what to expect from your treatment and what you can do to improve your chances for a successful outcome.

PRIVACY POLICY: I understand I have received and read a copy of **Looking Ahead Pediatric Physical Therapy, PLLC** HIPPA Notice of Privacy Practices. I also understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my health information to another entity (my doctor, insurance company, etc.) and I consent to such disclosure for these permitted uses, including via fax or email.

Is there anyone other than a legal guardian involved in the care of your child or payment related to the care of your child that we can share your health information with? ☐ **YES** ☐ **NO**
If yes, Contact Name/Phone# _____

CHARGES: Your visit may include distinct services, which incur separate charges. The total charges of your initial visit may include an evaluation charge, in addition to separate charges that reflect the therapeutic services that are provided (e.g., exercise instruction, manual therapy, therapeutic activities) as well as any modality services that are provided (e.g., taping). Subsequent visits will be billed similarly; in that, your bill will reflect charges for the various services that are provided on that visit. If you have any questions or concerns regarding the services that are being planned for a given treatment session, please alert your therapist at the beginning of the appointment so that we can better serve your needs. Additionally, since treatment services may vary over the course of your treatment, the total charges for each session may vary for different dates of service. If you would like a summary of our fee schedule, please ask for a copy.

CANCELLATION AND NO SHOW POLICY: It is very important that you keep all scheduled appointments because your child's treatment program is progressive in design and will be adjusted each visit to maximize their plan of care. Missed appointments may delay achieving your child's goals and result in longer plans of care.

If you must cancel an appointment **please provide at least a 24 hours' notice**. Failure to do so may result in being charged a **$50 cancellation fee** that will not be covered by your insurance.

IF YOU MISS 3 SCHEDULED APPOINTMENTS, a notice will be sent to your referring physician informing him/her that they treatment plan has not been adhered to and it will be at your therapist's discretion to continue treatment or discharge your child.

We understand there are many legitimate life events such as illness, family emergencies, hospitalization, and uncontrolled circumstances that occur and we will always take these into consideration when brought to our attention.

RUNNING LATE: All of our treatment sessions are scheduled by appointment only. If you are more than 15 minutes late, we may need to alter your treatment program for that visit or reschedule your appointment for another day, at the discretion of your child's therapist.

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THERAPY:

- Your child's first visit will consist of an evaluation to enable us to design a customized treatment program for your child's condition. We will explain what our evaluation findings are and review the recommended treatment plan of care for your child.
- Please try to perform the home exercise program as instructed by your therapist. It is a **very important** part of your child's recovery. Compliance with the home program will significantly improve your child's outcome.
- Always alert your therapist if your child has a negative reaction to a treatment session, or if you believe you are doing an exercise at home that is irritating your condition. This feedback is important, since it helps us adjust and individualize your program for better outcomes.

PROGRESS NOTES: Please inform us a few days in advance before you re-visit your physician. We will do our best to email or fax a progress note to your child's doctor before his/her next appointment to their office.

SIGN IN: Please check in with the front office once you arrive. Please sit in the waiting room until we call you to the treatment area.

CO-PAYMENT/COINSURANCE: Co-pay and deductible payments are expected on the date of service.

I have read and understand the above information.

Signature	Date
Patient's Printed Name	Relationship to Patient
Parent/Legal Guardian Printed Name	Relationship to Patient