



## McCall Method

### **POLICIES AND PROCEDURES**

**Lisa Ann McCall PT**

*(please initial each section below)*

Thank you and we welcome you to our clinic. Below you will find some policy and procedures for us. These days' coverage options have become very complex, so we developed these policies and procedure to hopefully eliminate confusion and so you can better understand your responsibilities. At any time if you have any questions or concerns, please feel free to ask.

#### **APPOINTMENTS**

\_\_\_\_\_ It is vital that you show up to all of your scheduled physical therapy appointments so that you can receive maximum benefit. Everything is by appointment only. Please be on time for your appointment and if you are more than 15 minutes late, it will be up to our discretion whether or not you will be seen. This is a courtesy to other patients that are scheduled after you.

#### **CANCELLATION POLICY**

\_\_\_\_\_ If you need to cancel, please call within 24 hours of your scheduled appointment. If you don't call us more than once, we have the right to take future appointments off the schedule. If for some reason or other you DON'T SHOW without calling, all future scheduled appointments will be taken off the schedule. We will then have to schedule you on an appointment by appointment basis which could make it difficult to get the times that make it more convenient for your schedule. We reserve the right to charge you a \$40 NO SHOW fee, which also includes appointments that were not cancelled within the 24 hour allotted time period.

#### **INSURANCE BENEFITS AND PAYMENTS**

\_\_\_\_\_ To make things easier for you, we will verify your insurance benefits. Sometimes these are only a quote from your insurance company and not a guarantee of your benefits. Please be aware that any changes in your benefits will be your responsibility. All payments, co-pays, deductibles, and co-insurances are due at the beginning of your scheduled appointment. We accept cash, check, and credit card. If there is any change in your benefits or any contact information for that matter, please let us know immediately so we have the right information on file.

**NO INSURANCE: (only initial if applies to you)**

\_\_\_\_\_ You will not be denied any physical therapy services secondary to a lack of insurance. We offer a discounted rate for anyone that doesn't have insurance coverage. Payment is due at the beginning of the scheduled appointment. Feel free to ask about our pay rate.

**RETURNED CHECK**

\_\_\_\_\_ A \$30 NSF (non-sufficient funds) fee will be charged for any returned checks because of lack of funds. If we receive a returned check, we will notify you or the responsible party immediately and request that a cash payment be made within one day to replace the full amount of the check.

**COLLECTIONS**

\_\_\_\_\_ If your account becomes overdue for greater than 90 days, we will turn the account over to a collection agency. Any fees that are paid by us to retain overdue amounts will be added to your account and any further treatment at our clinic will be discontinued. If your account is sent to a collection agency, you will need to contact them for reconciliation.

**ATTIRE**

\_\_\_\_\_ Please wear loose fitting or athletic attire. Sometimes we will be working on a part of the body that requires more privacy. We have a changing area that is available to you. We also have a private treatment room.

\_\_\_\_\_  
I have read and understand the policy and procedures above. Again, if you have any questions or concerns at this time, please don't hesitate to ask.

\_\_\_\_\_  
Patient/Client Name:

\_\_\_\_\_  
Patient Signature: Date:

***(If under 18 years of age, please be signed by responsible party)***