



**WELCOME TO THE HAND THERAPY CENTER**  
*of the SOUTH BAY*

We know you have a choice when it comes to choosing a medical provider for your therapy needs, we feel honored that you have chosen our facility to assist you in your recovery. We hope to make this a smooth, efficient and pleasant process. Please take a moment to fill out the attached forms so that we will have accurate personal information, including emergency contact, work and insurance data.

As a courtesy, we call your insurance company to obtain information regarding your benefits, co-payments and deductibles. However, **you the patient are ultimately responsible for payment** should your insurance company decide not to pay for any reason. We strongly recommend you take the time to verify your coverage, eligibility and payment responsibility for occupational therapy services.

**For your first appointment:**

Call our office to schedule your Initial Evaluation. Please assist us by informing our front office as to who your referring physician is and if you are familiar, your diagnosis. This will assist us in making sure we have allotted the proper amount of time to adequately cover all of your needs. Please be sure to have your insurance information available when you call. If this is a workers compensation injury please have the adjustor or nurse case managers name and phone number as well as a claim number. If not, we are able to obtain this information from your physician.

At your first appointment please be sure to have a prescription from your physician, it does not matter if it is our prescription pads, signed within the past 30 days. Your physician has prescribed a certain number of treatment sessions per week and we will do our best to accommodate your schedule. Meeting the requested number of visits is imperative to obtain the optimal therapeutic results to assist you in your recovery.

**What to bring to your appointment:**

- Health Insurance Card(s)-if not worker's compensation
- Signed therapy prescription
- Picture ID/driver's license
- The following documents listed below, completed preferably in black ink

**\*\* Please arrive 15 minutes prior to scheduled appointment \*\***

**OFFICE GUIDELINES**

- PLEASE ARRIVE ON TIME. Please sign in at the front desk upon your arrival. If you are less than 15 minutes late we will most likely be able to see you. If you are more than 15 minutes late, there is the possibility your appointment will need to be rescheduled. If you are early for your appointment and your arrival does not interfere with another patient's treatment session, we will be happy to see you.



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- If you must cancel an appointment, please call 24 hours prior and we will reschedule your missed appointment. If you fail to cancel 24 hours before an appointment we reserve the right to charge a \$50.00 cancellation/no show fee.
- Workers compensation adjustors are notified when attendance is inconsistent.
- Appointments are scheduled up to three weeks in advance, so please feel free to book appointment early to schedule the best time for you.
- In order to prepare progress reports for your physician, please notify your therapist at least two days before your next scheduled doctor's appointment. When you receive a new prescription for therapy, please bring it to your next therapy appointment and give to the front office staff or your therapist.
- Please turn cellular phones off, or at least on vibrate setting when in the clinic. Take all calls outside the treatment area.
- Children must be supervised at all times. Due to the size of the treatment area, it is ideal if children can wait in the waiting room with a member of your party. If this is not possible, please keep your child quiet and under your supervision. For your child's safety, they cannot play with any treatment/therapy equipment.
- I hereby give authorization for payment of medical insurance benefits to be made directly to Hand Therapy Center of the South Bay, as indicated at the top of this form and any assisting therapist for services rendered.
- Co-payments are due at the time of service. We accept checks and cash.
- I understand that I am financially responsible for all charges whether or not they are covered by my insurance.
- I understand that all charges are due and payable when services are rendered, unless other payment arrangements are made with the front office/owner. I agree to pay finance charges, at the rate of one and one-half percent (1 1/2%) per month, on any amount that is 30 days past due.
- In the event of default, I agree to pay all costs of collection and reasonable attorney's fee.
- I hereby authorize this healthcare provider to release all information necessary to secure payment of benefits.
- I further agree that a photocopy of this agreement shall be as valid as the original.

Thank you for you cooperation.

Patient (if minor – Parent or Legal Guardian)

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