Welcome to Milford Regional Medical Center’s Rehabilitation and Sports Medicine Services. Our highly trained staff will work with you to help set your rehabilitation goals. Once set, your therapist will work with you in tandem with your physician toward achieving these goals. We are committed to helping you attain the best outcome possible.

Each session of therapy builds on the progress made from the previous session(s). It is important that you attend all your sessions so that you can make the greatest progress possible. Missed appointments adversely affect your progress. They also limit another patient’s opportunity to get an appointment with the therapist. The following guidelines have been established to encourage the greatest success for you as the patient.

**Cancellation Policy**

- If you will be late or cannot attend your therapy session, please call us at least 24 hours in advance. This may allow us to offer that time slot to someone else who needs our services.
- If you cancel/miss two scheduled sessions, you will be discharged from therapy. Once discharged, any further scheduled appointments will be canceled. If you choose to resume therapy, contact your physician for a new prescription and call our office to be rescheduled.

**Responsibility of Payment and Insurance Authorization**

- It is your responsibility to understand your outpatient rehabilitative insurance benefits and co-pay information as well as securing any necessary referrals. This information is readily available by calling the member services phone number on your insurance card or referring to your member services handbook. **Copays are expected at the time of service.** Make sure you inform our staff of any changes in your policy while you are receiving our services.
- If your treatment with us is due to a **motor vehicle accident**, we will bill the appropriate parties from the information you provide us. We will also secure your medical insurance authorization to protect you against any shortfall in MVA monies/authorizations.
- If your treatment with us is due to a **Worker’s Comp Claim**, we will bill the appropriate parties from the information you provide us. We will also secure your medical insurance authorization to protect you against any shortfall in WC monies or payment of services.

*Please understand that you as the patient are ultimately responsible for payment of services rendered and therefore it is imperative that accurate information as well as proper authorizations (from both primary and secondary sources) are in place to insure coverage of your treatment. Failure to secure proper authorization according to your plan (primary & secondary) will leave you, as the patient, ultimately responsible for payment of services rendered.*

*Everyone has a role in making health care safe.* You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. **Please “speak up” if you have any questions or concerns regarding your care or safety.**

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I have read and understand the Outpatient Rehabilitation & Sports Medicine Guidelines

_________________________________________                                         ______________________
Name    (Patient over 18 years old or legal Guardian)    Date

*In order to administer treatment, you may need to remove personal belongings (jewelry/watches, etc). Milford Regional is not responsible for any personal items that may be lost or stolen*

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