

patient identification

PATIENT RESPONSIBILITY AGREEMENT

Statement of Purpose: Rehabilitation is a joint venture between a patient and their therapist. Patients need to take responsibility and make a commitment to their recovery process. This commitment includes attending all scheduled appointments, performing home exercises as assigned, keeping open communication with the therapist about their progress or changes in condition and helping us maintain a comfortable and safe environment for all patients and staff.

The following list details the patient’s responsibilities for full participation in therapy:

1. I understand that I am responsible for knowing specifics of my insurance plan before services are rendered. Rex Outpatient Rehab can assist me with any questions or discrepancies with insurance information. Please note the following information:

As a courtesy, we may call your insurance company to get more detailed information about your coverage, including co-insurance and copay information. Rex Outpatient Rehab does not guarantee the accuracy of this information supplied by your insurance company. Once your insurance claim is processed, you will be responsible for any remaining balance identified by your insurance company.

 - For BCBS patients: we bill almost all BCBS patients as an office visit here at Rex.
 - We bill under the hospital tax id number.
 - Treatment at our facility may be IN or OUT-OF-NETWORK for you. You need to determine which category you fall into. We welcome all patients.
2. **I understand that for the safety and comfort of patients, staff, and visitors, children who are not rehab patients are not allowed in the clinic or waiting area.** I understand that I will need to make other arrangements for children while I am a patient at Rex Outpatient Rehab. To accommodate this policy, Rex staff will assist me in rescheduling appointments, as necessary.
3. I agree to attend all scheduled appointments. If I cannot attend an appointment, and need to cancel I will make every effort to call Rex Outpatient Rehabilitation 24 hours prior to my appointment to cancel so that other patients might be able to use my appointment slot.
4. I understand that if I do not attend two appointments in a row, and I do not call Rex to offer an explanation, the therapist may discharge me from therapy. In that case, I understand that to return to therapy I will need a new prescription from my physician, and I will need to commit to full participation in treatment.
5. I understand that if I cancel three times in a row, or have inconsistent attendance in therapy, I will be considered non-participatory in my treatment, and my therapist may discharge me from therapy. In that case, I understand that to return to therapy I may need a new prescription from my physician, and I will need to commit to full participation in treatment.
6. I agree to show up for my appointments on time. If I am late for my appointment I understand that my therapist may need to reschedule my appointment at his/her discretion. I understand that if I am more than 8 minutes late for three appointments during my treatment, my therapist may discharge me from therapy depending on individual circumstances.
7. I understand that my therapist may ask me to make modifications or perform exercises outside of the clinic. I also understand that performance of these tasks is an essential part of my treatment and provides my therapist and me with valuable feedback on my progress. This, in turn allows the therapist to monitor and adjust my therapy based on the results of those tasks.

I understand your office policy as stated above and I agree to accept my responsibility as stated above.

Patient Signature

Date

