



## OFFICE POLICIES

**CONSENT FOR CARE & TREATMENT:** Your Physical Therapist will complete an evaluation by examination and interview. Your individual treatment program will then be designed. A variety of treatment techniques may be used. I the undersigned do hereby agree and give my consent to Mosaic Physical Therapy to furnish physical therapy care and treatment considered necessary and proper in evaluating or treating my physical condition.

**CANCELLATION & NO-SHOW POLICY:** We require 24 business hours' notice in the event of a cancellation. A Monday 10AM appointment would require cancellation by the previous Friday at 10AM to avoid incurring a cancellation fee. The charge for cancellation without proper notice is \$100 for physical therapy visits. This charge will not be covered by insurance and will have to be paid by you personally prior to receiving additional treatment.

I have read and agree to the cancellation policy \_\_\_\_\_

**PATIENT FINANCIAL POLICY:** Mosaic Physical Therapy an out of network provider. Most PPO plans provide some out of network benefits. Mosaic Physical Therapy is not a Medicare provider thus is unable to provide physical therapy services per Medicare policies however we do provide fee-for-service wellness services that are not typically covered by Medicare. We recommend you contact the Member Services Department of your insurance if you have questions about what is covered and amounts for which you will be responsible. We do not accept liens.

Mosaic Physical Therapy will provide you with a superbill that you can submit to your insurance for re-imburement of any out-of-network benefits your policy may cover.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

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