

- MovEvolution's primary goal is your improved wellness and performance. We expect that you, the client, follow our prescribed home exercise or pain management programs for best results.
- For your 1st visit to MovEvolution, please:
 - 1) wear or bring loose fitting clothing and house or gym shoes (foot ware not worn in the street),
 - 2) bring your insurance card, 3) doctor's prescription (if applicable), 4) any diagnostic tests such as X-rays, MRIs, CAT scans, etc.
- It is common to feel a bit sore after your first day of physical therapy or bodywork. Your body requires some time to adapt to new manual therapy and/or movements. Please contact the office if any such symptoms last greater than 48 hours.
- MovEvolution is not responsible for and cannot guarantee insurance carrier reimbursement.
- All visits are by appointment only.
- Initial evaluations last about 60-90 minutes and follow-up visits about 30-60 minutes (dependent upon your insurance).
- Under New York's Direct Access Law, you may be treated by a physical therapist without a prescription. You may be evaluated and/or treated for up to 10 visits or 30 days, whichever comes first. Please note that treatment under New York's Direct Access Law is not applicable to worker's compensation, no-fault, or Medicare coverage.
- We request that clients call if they are going to be more than 10 minutes late. If a client is more than 15 minutes late for an appointment, MovEvolution Physical Therapy reserves the right to cancel the appointment. Remember, this is your scheduled time and the therapist's time is just as valuable as your own.
- We request 24 hours notification in the event of a cancelled appointment. We reserve the right to charge a \$50 fee for late cancellations (less than 24 hour' notice) or no-show appointments (no phone call prior to cancellation).
- I have received a copy of the HIPAA Privacy Practice Rules sheet.

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1. If for any reason my claim is denied by my insurance company and payment for physical therapy is stopped, I agree to pay in full any outstanding charges and treatment fees directly to MovEvolution Physical Therapy.
 2. I understand that I am responsible for all late cancellation or no-show fees.
 3. I understand that MovEvolution is not responsible for my insurance carrier reimbursement.
 4. I do hereby agree and give my consent for MovEvolution Physical Therapy, PC to furnish the medical care and treatment considered necessary and proper in assessing or treating me.
 5. I agree to treatment on the above terms.

Patient Name (Please print): _____

Patient Signature: _____ Date: _____

Please sign, date and return this form (fax/email/drop-off) to MovEvolution Physical Therapy before your 1st appointment.