

## WELCOME TO BECHTEL PHYSICAL THERAPY

Please carefully read the following information. If you have any questions, do not hesitate to discuss them with us.

Bechtel Physical Therapy has been committed to excellence in patient care and dedicated to the rehabilitation of our **WORKER'S COMPENSATION** patients for many years. Your doctor has authorized your initial physical therapy treatment; please bring a written prescription to our office. We must obtain additional authorization from your claims adjustor before any further treatment may be given.

Please be advised that for any injury that occurred on and after January 1, 2004, Worker's Compensation limits Physical Therapy to **24** treatments for the life of the claim. This cap can only be waived if an insurance carrier authorizes additional visits **in writing**.

It is our expectation that you will comply with your prescribed treatment and arrive on time for your scheduled appointments. It is necessary that you give our office 24 hours notice, if you are unable to keep your scheduled appointment. When our office is closed, you may leave a message on our voice mail.

Any appointments missed or cancelled appointments with less than 24 hours notice must be reported to your insurance carrier and referring physician. Additionally, if you miss or cancel three appointments you will be discharged from Physical Therapy.

**Patient Initials:** \_\_\_\_\_

**TREATMENT AUTHORIZATION:** I hereby authorize Bechtel Physical Therapy to provide Physical Therapy services to me. I further authorize Bechtel Physical Therapy to furnish to my Worker's Compensation Insurance carrier any and all requested information concerning my health care. I also authorize my insurance carrier to pay Bechtel Physical Therapy (Teresa Bechtel -Greenberg, PT) directly for any services rendered to me.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

