

ATTENTION: PATIENT

SOME INSURANCE COMPANIES REQUIRE
PRECERTIFICATION OR HAVE OTHER
RESTRICTIONS OR LIMITATIONS
FOR PHYSICAL THERAPY.

WE ENCOURAGE YOU TO CONTACT
YOUR INSURANCE PROVIDER,
TO DETERMINE WHAT YOUR POLICY,
SPECIFICALLY COVERS.

PLEASE DO NOT RELY ON YOUR
THERAPIST TO MONITOR SPECIFIC
TERMS OF YOUR COVERAGE.
WE WILL, HOWEVER,
BE HAPPY TO ASSIST YOU
IN RESOLVING YOUR CONCERNS.

SIGNATURE _____

DATE _____