



Quad Cities, Illinois/Iowa
Moline 16th Street
Moline 44th Avenue Drive
Davenport 53rd Street
Trinity Physical Rehabilitation

In an effort to provide the best therapy experience, we would like to review the following information.

- x It is important to attend all scheduled appointments to achieve the best functional outcomes. If you must miss an appointment please contact the office as soon as possible.
Failure to attend two sessions may result in a discharge from therapy services.
- x Please alert your therapist to any physician appointments as soon as possible. Information is sent to your physician as appropriate.
- x It is important to alert your therapist to any changes in conditions as they occur.
- x All therapists at Trinity Physical Rehabilitation work together to provide the best care possible. Each therapist works with a partner and you may see another therapist at times.
- x We schedule patients at designated times. Arriving late for a scheduled appointment may result in not being able to be seen by your primary therapist. Individuals arriving greater than 15 minutes late will be rescheduled.
- x If you have any special needs please alert your therapist.
- x It is our goal to help you to increase the quality of your life. We may be instructing you in exercises and techniques to utilize independently upon discharge from therapy. Your involvement in the therapy process is very important.
- x Trinity Physical Rehabilitation encourages patients to be aware of their individual insurance benefits for services rendered. It is the responsibility of the patient to know their benefits, deductibles, co-pays, pre-certification requirements, etc. Contracting the number provided on the back of your insurance card will help you secure this information.
- x For Medicare Beneficiaries, the typical allowed charges for therapy are in the range of \$10.00 to \$30.00 per fifteen minute unit of service based on the physician fee schedule. Medicare Part B pays 80% of the allowed charges. Your co-insurance payment charges, which are your responsibility and may be covered by a secondary insurance provider, are estimated to be in the range of \$1.00 to \$13.00 per unit of service after meeting your annual deductible. If additional services need to be provided during your visit, these charges, and your co-insurance liability, may increase based on the actual services that you receive. Please direct any questions you have regarding your financial liability to your therapist.

Patient Signature

Date

Therapist Signature

Date

REHABILITATION SERVICES COMMUNICATION FORM

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PATIENT LABEL