

ATTENDANCE POLICY

Ref: Worker's Compensation or Third Party Appointments

Please note that our clinic offers all our patients the highest quality of care, service and consideration.

As a worker's compensation patient we require that you supply us with:

1. Insurance claim number, name of Case Manager and their phone number (within the first 4 sessions of treatment).
2. Letter of referral
3. Any X-rays or scans
4. Work Cover Medical Certificate **each time you see your Doctor for a review**
5. Attend all appointments

If your insurance is denied, you will be responsible for treatments already had by you and we will issue you with an invoice.

We require at our practice that all appointments made by you are attended for the benefit of your recovery. If, for any reason an appointment cannot be attended by you **we require 24 hours notice so that your time may be given to another patient.**

If notice is not given a fee of \$35 will apply

I _____ agree to the conditions above in relation to the appointment policy by **SMITHFIELD ACTIVE PHYSIOTHERAPY.**

Signature

Date