

Treatment Agreement

Due to the nature of the body systems that will be addressed during my treatment sessions, I agree to be tapped, slapped, tickled, and surprised as part of my program at Jodi Reyerson Physical Therapy. (I'm not kidding!) _____ (Please initial)

Absence Policy

Absence Requirement

Your timely attendance for your scheduled appointment is crucial to ensure that you are provided with the care you need and deserve. It is also important for your therapist and other patients. An absence, without calling **24 hours ahead** of cancellation, will result in a bill for **½ the cost of the treatment** session. If you need to cancel a scheduled appointment, the 24 hour period may allow another patient to receive an appointment that was previously unavailable.

It is important that you attend your scheduled appointments. All appointments that are **missed without a call**, will be result in a bill for the **full cost of the treatment** session.

Procedure:

If you are unable to attend a scheduled appointment, call to notify your therapist **before** your scheduled appointment. Jodi can be reached at (319) 269-6839.

Inclement Weather

The office usually continues to operate during poor weather. If not, Jodi will notify you by telephone. Please do not assume that you appointment has been cancelled. Always call **in advance** if you are uncertain or need to reschedule your appointment.

My signature below verifies that I have read, understand and agree to the above statements.

Name (*please print*): _____

Signature: _____

Date: _____