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## Physiotherapy Client Agreement

### CANCELLATION OF APPOINTMENTS

We at Ocean Rock Wellness Ltd. respect our clients' time. In order to ensure flow of appointments, we ask that you arrive **15 minutes prior to appointment time** to allow for check-in. There is a 24 hour cancellation policy. You may cancel your appointment by calling our office. If you call after hours please leave a message so your cancellation can be noted. **LATE CANCELLATIONS AND MISSED APPOINTMENTS WILL BE CHARGED AT HALF THE COST OF THE SERVICE.** This charge will be billed directly to you, not the insurance company.

### PAYMENT OPTIONS

Our office accepts cash, debit and credit cards (Master Card & Visa) for services rendered. Payment is due on day of service. A 1% (12% APR) finance charge may be added to your account if a balance remains unpaid after 60 days.

### INSURANCE INFORMATION

Ocean Rock Wellness Ltd. will bill your insurance provider for you, at no additional cost. This does not relieve you of your financial responsibility; you will be responsible for all deductibles, co-pays and services not covered by your insurance provider.

### CONSULTATIONS & COMPLIANCE

You will be given 45 minutes for an initial assessment and 25 minutes for all subsequent follow-up appointments. We will listen to your needs and work with you to determine the most appropriate treatment plan for your condition. You have the responsibility to comply, with the best of your ability, to the prescribed treatment plan. Each treatment plan is individually tailored and will take into account your general health, activity level and lifestyle. Your commitment to comply with prescribed treatment recommendations, is the key to your success. If you do not follow the plan with reasonable consistency, your progress will likely be limited.

By signing below, you are:

- In agreement with the policies and statements above
- Accepting financial responsibility for your account
- Authorizing the release of medical information necessary to process insurance claims
- Authorizing payment of medical benefits from your insurance company to be directly sent to Ocean Rock Wellness Ltd.
- Consenting to a treatment plan, which in the judgment of your therapist, may be considered advisable and necessary while you are a client at Ocean Rock Wellness Ltd.

I have read, understood, and agree to the above statements and policies of Ocean Rock Wellness Ltd.

\_\_\_\_\_  
Please Print your name

\_\_\_\_\_  
Client Signature (or person with authority to consent for the patient)

\_\_\_\_\_  
Date