



First State Physicians

Physical Medicine & Rehabilitation Center

Kevin J. McDermott, D.C.

Office Policies

APPOINTMENTS:

The time scheduled with the doctor is a block of time that is set aside specifically for you. **Please note that we reserve the right to charge for appointments cancelled or broken without 24 hours notice**, as this could be used to serve other patients. If you're going to be late, please call our office to let us know of your time frame and to see if the appointment is still available. Due to the flow of our schedule, walk-ins are discouraged. We want all our patients to get the same quality of care, and walk-ins prevent this from happening. If you need to be seen, we encourage you to call for an appointment. We know that your time is as valuable as ours, and the doctor strives to stay on schedule. **If you are 15-20 minutes late- IT IS AN AUTOMATIC RE-SCHEDULE.**

MASSAGE PATIENTS:

If your appointment includes a massage, please try to be on time. Our massage therapist has only a certain amount of time with each patient. **If you are scheduled for a massage and are late, we cannot guarantee a massage that day.**

PATIENT FINANCIAL RESPONSIBILITY:

Unless other arrangements have been made with the doctor, payment is due at the time services are rendered. For your convenience, we accept cash, checks, Mastercard, Visa, and American Express.

AUTO/WORK COMP CLAIM INFO:

To insure proper billing to your insurance company, we must have your claim information at the time of your first appointment. In the event that claim information is not obtained, **we have the right to re-schedule your appointment until this information is provided.**

PIP APPLICATIONS:

When you are involved in an auto accident, your insurance company will mail you a Personal Injury Protection application (PIP Application). This application needs to be filled out by you right away and mailed back to the insurance company. If this application is not filled out in a timely matter, your medical bills do not get paid and the bill may fall into your hands. If you are having trouble filling out your PIP application, bring it in to our office and we would be more than happy to help you fill it out.

Patient Print: _____

Patient Signature: _____ Date: _____

