

Thank you for choosing Therapy Works to assist you with your current condition.

Please fill out the enclosed paperwork and bring back with you to your appointment.

Important things to remember:

- You will need to bring your insurance card, a photo ID and the referral/prescription from the referring physician.
- Payment of any co-pay associated with your insurance is expected at time of service and at each visit. Our front office staff can assist you in determining your estimated liability (or payment) that will be expected at the time of your visit(s).
- Wear comfortable clothing.

NOTE: If your visit is due to an accident or workman compensation, please have the Claim # and the name of the company this claim is through.

NOTE: Therapy Works is located at 2004 N. 12th Street (not at the main hospital).

If you have any questions, please call (970) 644-3720 to speak with one of our staff members

Sincerely,
Therapy Works Staff

Scheduling Communication Preference

Please Print

PATIENT NAME: _____ DATE OF BIRTH: _____

In an effort to guard your privacy while allowing for efficient scheduling, please answer the following questions on how best to contact you regarding scheduling issues.

- No, it is NOT ok to leave messages or voicemails.
- Yes, it is ok to leave messages or voicemails.

Please write all of YOUR contact numbers where we may leave a message:

Home Phone: _____ Work Phone: _____ Cell Phone: _____
() _____ () _____ () _____

Persons authorized to receive messages/information at the above numbers:

Name Relationship Name Relationship

Only the above people will be able to confirm or change your appointment.

Please note: ANY PERSON (including family members) requesting ANY information, including appointment confirmations and changes, MUST provide us with 3 points of information about you including: 1. Name, 2. Date of Birth, 3. Zip Code.

Thank you for assisting us.

I authorize Community Hospital Therapy Works to leave protected health information inquiries that may include the following: Name of patient, Name and phone number of the clinic; Name of treating therapist(s), Appointment times and dates; and Scheduling information/requests.

Signature: _____ Date: _____

Relationship, if not patient: _____

Cancellation/No Show/Co-Pay Policies

Thank you for choosing Community Hospital Therapy Works for your therapy services. Due to the volume of new patients and limited appointments, we require that you notify our office 24 hours in advance if you are unable to keep your appointment. We do understand that emergencies arise. In such cases, please contact us as soon as possible to cancel or reschedule your appointment.

Failure to call and cancel an appointment is considered a “No Show.” After two (2) such occurrences, any additional scheduled appointments will automatically be cancelled. Your therapist will consider you a discharged patient, and will send a note to your physician indicating non-attendance. You will have to contact your therapist to discuss continuation of therapy.

Along with quality treatment, it is the goal of this clinic to treat patients at their scheduled time. If you are more than fifteen (15) minutes late for your appointment, your appointment may need to be rescheduled.

Co-pays are collected prior to each treatment. Failure to pay may result in a bill from the health system’s billing department.

We want to meet the goals of all of our patients, and we appreciate your assistance. Thank you for your help! Please let us know if there is something more we can do for you.

To cancel or reschedule appointment, please call (970) 644-3720.

Kyle Gardner,
Director, Therapy Works
Community Hospital

I acknowledge that I have read and understand these policies.

Patient Signature Date