



800 S. Raymond Ave., 3rd Floor
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Welcome Letter

Dear Patient,

Welcome to Active Rehabilitation Comprehensive Wellness and Fitness Center. We are excited about helping you feel better. Anytime you should have any questions or comments about our services, please let us know, as we value and appreciate your opinion.

Please take the time to review several important announcements outlined below, about the financial aspect of our relationship before we start your treatments. We hope by doing this we minimize any misunderstanding.

1. We ask you **NOT** to schedule Physical/Occupational Therapy appointments on the same day as your medical doctor appointments with Congress Medical. Many times insurance companies do not pay for services on the same date and thus, we will need to collect the payment from you personally.
2. There will be a \$25 fee for any returned checks.
3. We ask that in the event of a cancelled appointment, that you cancel 24 hours prior to your appointment time. If you fail to cancel in a timely manner you are subjected to a \$50 cancellation fee. The same fee will apply for a missed appointment. Our appointment spaces are limited and cancelled or missed appointments could be filled with another patient. We thank you for your cooperation.
4. We ask all Medicare patients schedule a medical doctor appointment every 30 days while they are receiving outpatient physical therapy and obtain a prescription. This rule is in accordance with Medicare guidelines and to insure reimbursement for our services rendered, failure to do so may result in the patient paying for their treatment.
5. Please arrive promptly for your scheduled appointment time. Being tardy decreases your manual treatment time, delays your therapists schedule and you may potentially have to be rescheduled. Tardiness may result in a \$20 fee if no accommodation is made for you on that day.

We thank you for choosing Active Rehabilitation as your rehabilitation clinic and we look forward to helping you during your road to recover.

I agree to the above statements and if applicable, will fulfill my obligations accordingly to it.

Signature

Date

Should you have any questions or comments, please let us know.

Sincerely,

Andre Van Commenee, P.T.

Andre Van Commenee, P.T.
Director of Active Rehabilitation Comprehensive Wellness and Fitness Center