



# Rehabilitation Services, Inc.

Physical, Speech-Language, and Occupational Therapy

## PATIENT INFORMATION SHEET

### Laurel Office

14409 Greenview Drive  
Suite 102  
Laurel, MD 20708  
(301) 498-8100  
Or (410) 792-7777  
Fax: (301) 498-0009

### Administrative Address

P.O. Box 500  
Brookeville, MD 20833

### YOUR INSURANCE COVERAGE

We will do our best to secure information from your insurance company regarding your benefits. However, we sometimes receive mis-information from insurance carriers regarding coverage and appropriate policies. Ultimately YOU ARE RESPONSIBLE to know your insurance policy, any referral requirements, and benefits coverage. If we inadvertently schedule you for appointments that are not covered by your insurance carrier, we may bill you for those appointments. Therefore, we encourage you to take an active role in ensuring that your therapy will be covered at this office. I agree to notify RSI immediately if any insurance or demographic information changes. If I proceed to receive services without the proper authorization or referral required by my insurance, I hereby waive my benefit for the coverage of such service and agree to be held personally liable for payment for any such services.

Most insurance benefits, at most, will cover what is considered necessary for your condition. Our therapists make this determination of necessity based in part on your doctor’s input and in part on their professional judgment based on evaluations and treatments with you. Your therapist may not need to use all visits authorized by your insurance company, or may ask for additional visits beyond your insurance company’s authorization – this is decided on a case-by-case basis. You are NOT entitled to receive a certain amount of therapy for a particular condition just because you have the coverage – your therapy will depend on your need for skilled intervention by a therapist.

You are required to bring in any checks to us that your insurance carrier remits to you directly. We cannot see you if you do not have your co-payment at the time of service.

### CANCELLATION POLICY

If an appointment must be missed, we need to know in advance to notify the therapist of the cancellation to make other arrangements. Twenty-four (24) hours notice will help us notify the therapist in a timely fashion. Answering machine is in service, and you can leave a message on this number 24 hours a day: (301) 498-8100

We are NOT necessarily closed when schools are closed for inclement weather. If you are not able to make an appointment due to inclement weather, please call our office to let us know that you will not be coming in for your appointment, just as you should contact us for other cancellations. IF our office is closed due to foul weather, we will contact you to reschedule your appointment.

Please remember that our office staff is glad to help, and you can feel free to call at any time to confirm your appointment(s) for the upcoming day or week.

**Confirmation calls are a courtesy only – lack of confirmation call from our office is *not* a basis for not coming for the scheduled appointment. If you are unsure of whether you have an appointment, please call to verify.**

**There will be a charge of \$40.00 if you do not show up for an appointment or call us within twenty-four hours of the scheduled appointment. We will not schedule you for therapy until you have paid any outstanding “no show” balance. If you “no show” repeatedly, we may not schedule you for additional therapy visits, regardless of your insurance coverage. If you are 15 minutes late for your appointments, you may not be seen.**

I have read the above policy, and understand that if I do not cancel an appointment at least twenty-four hours prior to scheduled therapy, or do not show up for the appointment, I will be charged (and will owe) \$40.00 for that missed visit. If I have more than one appointment on the missed day, the fee will apply to both visits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**WE HAVE RETAINED THE COPY OF THIS FORM WITH YOUR SIGNATURE IN OUR OFFICE**