

*Myofascial Therapy*  
**Policy Agreement**  
**Worker's Compensation**

Welcome to Myofascial Therapy! We take pride in the quality of our staff and in the services we provide for you. The best service is based upon friendly, mutual understanding between the therapist, patient, and our front office staff. In order to achieve that, we want to explain our treatment policy prior to beginning treatments.

In order to authorize your treatment and ensure payment, it is necessary that you provide us with the following information:

- A current prescription from your Worker's Comp treating physician
- Your claim number and date of injury
- The name and phone number of your Worker's Comp carrier

Please read and initial the following:

\_\_\_\_\_ I understand that it is my responsibility to maintain a current prescription from my treating physician. I understand that my visits must be completed in a timely manner, in accordance with the authorization given by my worker's compensation insurance.

**Appointment Etiquette**

**In order to ensure that we are able to continue providing this service to you and all of our clients, we ask that you give the courtesy of 24 hours notice if you need to cancel or change an appointment. We often have a lengthy waiting list and appreciate enough time to be able to accommodate another client. Please note: missed appointments and cancellation without sufficient notice are considered examples of non-compliance by Worker's Compensation Insurance. By law we are required to report such instances to your claims adjustor and/or treating physician. Additionally, we may not be able to guarantee future appointments for you.**

Thank you for taking the time to read and understand this treatment policy statement. Please feel free to call or stop by the billing office with any questions or concerns.

Signature \_\_\_\_\_ Date \_\_\_\_\_