

Bertrand Chaffee Hospital – Physical Therapy

224 East Main Street

Springville, NY 14141

716-592-8172

rehabservices@bch-jbr.org

Welcome to Bertrand Chaffee Hospital's Physical Therapy Department!

In an effort to meet your needs while receiving rehabilitative care, we ask that you review the following:

- What should I wear?

Please wear appropriate clothing. The area(s) being treated may need to be exposed for evaluation, so please wear **loose fitting clothes**. Please wear appropriate footwear for exercise in the gym, such as **sneakers** or other closed toe shoes with non-skid bottoms.

- What do I need to bring?

Please bring a **valid physician prescription for physical therapy**, your **insurance card**, **photo identification**, and any **co-payment** or **co-insurance payment**. Should you require an insurance referral from your primary physician, you are responsible to obtain this.

Payments are expected to be made at the time services are rendered. If you have concerns about financial obligations, you are welcome to meet confidentially with a Patient Accounts representative to assist you with payment options.

-If you have any questions about your physical therapy coverage through your insurance, including co-payments, referrals, etc., please call your insurance customer service representative. The phone number is located on your insurance card.

- What should I expect at my first visit?

Your first visit is an evaluation completed by a licensed physical therapist (PT), which usually takes about one hour. Your medical history and current condition for which you're seeking treatment will be reviewed. Your treatment plan, including options for subsequent treatment sessions and your expected outcome, will be discussed with you. You may receive a *home exercise program*, which is expected to be completed as prescribed by your PT.

- What else do I need to know?

-Please refrain from using your cell phone during treatment.

-Please contact the department at 716-592-8172 if you are unable to attend your appointment, or will be late for a scheduled appointment. A 24 hour notice for cancelling an appointment is appreciated, however we do understand that circumstances arise that make giving this much notice impossible. **Excessive cancellations, no-shows, or arriving more than 15 minutes late for your appointment (more than 3 times) may result in discharge from physical therapy for non-compliance with the PT's plan of care.**

-Any family or visitor who accompanies you will be asked to stay in the waiting room to maintain HIPAA compliance. If your visitor would like to observe you, or receive training regarding your rehabilitation, please speak with your assigned therapist to schedule an appointment.

Thank you! We look forward to working with you! –The Physical Therapy Staff at Bertrand Chaffee Hospital

I received a copy of this document and understand the above. I accept responsibility for these aspects of my care.

Patient Signature

Date