



OFFICE POLICY FORM

PRACTICE VALUES

Our goal is to deliver friendly, punctual and professional service. We will accurately assess your problem and provide safe, effective treatment. Your session will always be one-on-one, and the majority of treatment hands on. We will provide you with a comprehensive exercise program so that you can take control of your own body. If you feel that this is not your experience, please feel free to discuss any concerns that you may have with the treating physiotherapist.

MOBILE PHONES

We want you to get the maximum benefit from every treatment session. We therefore ask that you turn off your mobile phone, and please refrain from taking phone calls during the treatment session.

CANCELLATION POLICY

The physiotherapist will outline a plan of treatment to help you achieve the best possible treatment outcome. We therefore recommend that you schedule your appointments in advance. Missed appointments will slow down your recovery, so we ask that you give us 24 hours notice if you need to change your appointment time.

ALL MISSED APPOINTMENTS OR CANCELLATIONS MADE WITHIN 24 HOURS OF YOUR APPOINTMENT TIME WILL BE CHARGED AT THE FULL TREATMENT FEE.

FINANCIAL ARRANGEMENTS

We would greatly appreciate that you settle your account at the time of treatment. HICAPS and EFTPOS facilities (Visa and Mastercard) are available at the front desk for automatic claiming through your private health insurance.

Workers Compensation, CTP and DVA patient accounts will be sent by us directly to the appropriate body.

We would appreciate that all Medicare (EPC) claims are settled at the time of treatment. The secretary will give an itemised Medicare receipt that you can take to Medicare in order to claim the Medicare rebate. Please ensure that you have given the secretary your Medicare form.

TOILETS

There are toilets located at the end of the corridor. When you exit the practice door, turn left and follow the corridor around to find male, female and disabled toilets.

I have read and I fully understand the above Office Policy form.

Name..... Signed Date