



WELCOME TO PERFORMANCE WELLNESS

NAME: _____

DATE: _____

We would like to welcome you to our office. Our goal is to provide you with excellent healthcare and rehabilitation. We are always working to improve our care and service. Please let us know if we can further assist you.

Appointments/Cancellations

Please be on time or 5 minutes early for your appointment. Each patient is scheduled an individual time slot. If you are late, you will lose valuable time from your appointment.

Initials _____

If canceling an appointment, please allow 24 hours notice. Canceling without appropriate notice would cause other patients to be denied an appointment when they might otherwise be seen. *Initials* _____

Please inform us of any changes in your pertinent medical history information at the time you schedule your appointment. This will greatly aid us in the accurate evaluation of your problem and may save unnecessary delays in your treatment. *Initials* _____

Telephone Calls

Please be patient with us. We receive many calls during the day and it is unfair to the patients who have scheduled appointments to be interrupted. Therefore, if we are with a patient, please leave a message and we will return your call as soon as possible. We try to return all calls the same day, but it is not always possible. You will receive a return call within 24 hours. If your problem is urgent, please state so in your message. *Initials* _____

Financial Policy

All payments are due at time of service. We accept cash, checks, MasterCard, Visa, Discover and American Express. We do accept health insurance on a case by case basis. Personal injury/auto claims may also be handled through your personal injury protection (PIP) insurance only (no 3rd party claims). *Initials* _____

Emergencies

If you have an emergency situation during office hours, please call first so you can receive as prompt treatment as possible. We will try to accommodate you as soon as our schedule allows. *Initials* _____