



Physical Therapy Professional Center, Inc.

17B Firstfield Road, Suite # 105
Gaithersburg, MD 20878
Phone # 301-990-1449
Fax # 301-990-1016

WELCOME TO PHYSICAL THERAPY

Thank you for your trust in our facility with your physical therapy rehabilitation!

Our team is dedicated and committed to you and your therapeutic goals!

We would like to inform you of our administrative policies.

Please arrive 15 minutes earlier for your first visit to finalize your registration. Bring your insurance card and your ID. Please bring comfortable clothing for your first visit. However, we have treatment gowns and disposable shorts for your convenience.

We expect for you to arrive on time for your regular scheduled appointments to receive a full/comprehensive treatment.

Co-payments have to be paid on the day of service (see our payment options page for details).

We request an appropriate notice for any appointment cancellation. Failure to provide 24-hour notice will result in \$50 charge for a missed appointment. Failure to keep two consecutive appointments without proper notice will result in an automatic cancellation of all future scheduled appointments. Please be considerate of other patients in need for an appointment – your necessary cancellation may be another patient's opportunity to come in for PT. Please keep up with regular appointment scheduling prescribed by your referring physician and/or treating physical therapist as our appointments are very much in demand.

I, _____, have read the above and agree with the office's attendance and cancellation policies.

Patient Signature

Date