



920 NE 112th Avenue, Suite 103, Vancouver, WA 98648

Phone: 360-567-2002 Fax: 360-567-2005

www.TimberlinePT.com

Thank you for selecting Timberline to be a part of your rehabilitation. Below we have condensed most of our policies as to be efficient with your valuable time. Please review:

-

Intake form: This is to aid in the initial evaluation process. It is a small glance into your medical health and this particular episode of pain.

Registration Form: This form allows for personal/contact information and insurance information to assist with verification of benefits.

Financial Agreement: This explains in detail the professional relationship between the patient and Timberline Physical Therapy.

HIPAA: This form will explain your rights as a patient and to your privacy.

1) Release of Records: I authorize Timberline Physical Therapy to request a copy of my medical records and/or billing statements for the purpose of assisting in my rehabilitation. I also authorize Timberline Physical Therapy to release or discuss all medical information with my healthcare providers, case managers, lawyers, or others involved in my care.

2) Cancellation Policy: Due to the nature of our business having an updated schedule is of utmost importance, we appreciate your cooperation.

A \$35.00 cancellation fee for any appointment not cancelled within 24 hours of scheduled appointment. NO SHOW of appointment times will also be assessed with the same \$35.00 fee.

I agree to above stated release of records, cancellation policy, and certify that I have either printed above mentioned forms online or been given forms at clinic.

Patient Signature

Date