

HAWAII PHYSICAL THERAPY & CHIROPRACTIC CLINIC, INC.

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WELCOME LETTER

Dear Valued Patient:

Welcome to Hawaii Physical Therapy & Chiropractic Clinic, Inc. We are pleased and delighted to have you as a new patient and we look forward to providing you with the highest quality care. Your physician has referred you to our clinic to assist in your healing and recovery. In order for us to most effectively assist you on the road to recovery, we kindly request that you observe the following guidelines and policies:

ATTENDANCE:

To assist you in your care, consistent and timely attendance is extremely important. If you must cancel, please call immediately prior to your appointment. **To avoid a \$25.00** cancellation/no show fee, please call 24 hours in advance. In fairness to other patients, we would like to have the opportunity to fill these time slots. Please be aware that our answering machine is always on when our office is closed and the date and time of your call is automatically recorded. Be sure to reschedule a cancelled appointment within the same week. If you are more than 15 minutes late for your appointment, it may be necessary to be rescheduled.

CHILDREN IN THE GYM AREA:

For your child's safety, children who are not being seen as patients, will not be allowed in the gym area. We do realize that occasional situations may arise in which you must bring your children, but it should not be a common occurrence.

DRESS:

It is important that you dress appropriately for your treatment sessions. We recommend shorts/sweats/yoga pants, t-shirt and athletic shoes. For treatment of shoulder, upper and mid back symptoms, tank tops and spaghetti strap tops are appropriate.

PERSONAL HYGIENE:

We are a manually-based clinic and your treatment may consist of soft tissue mobilization, joint mobilization and massage. We would greatly appreciate clean personal hygiene (i.e. clean feet, use of deodorant or organic alternatives).

FEES AND INSURANCE BILLING:

As a courtesy to you, we bill your insurance company for the services you receive. However, any co-payment and or deductibles are due at the time of service. We will also verify your benefits for our services, however, please remember that eligibility is advisory only and **does not**, guarantee benefits. We do not accept third party billing.

CELL PHONES:

Except in emergency situations, please keep cell phones off or on vibrate mode as your therapist will require your full attention.

Our staff is committed to providing you with the best care possible and we hope that you will be satisfied with our services. We appreciate your honest feedback regarding your experience with us. We will do everything possible to speed your recovery and facilitate a positive experience. We thank you for the opportunity to serve you.

Sincerely,

Dr. Harvelee Leite-Ah Yo & Staff

Patient's Signature

Date Signed