

The Orthopedic Center
Physical Therapy
510 Idlewild Avenue
Ste. 200
Easton, MD 21601

Dear Mr. / Mrs. _____,

The Orthopedic Center thanks you for choosing us to meet your physical therapy needs.

You are scheduled on _____ at _____.

Please plan to arrive **15 minutes early** for your first appointment. It is important that you arrive on time for subsequent visits. Arriving 15 minutes late will require rescheduling the appointment.

Before you see us: Please make sure to bring the order, i.e. referral or prescription, from the doctor referring you to our physical therapy unit. This will give our therapists the information they need on order to treat your condition.

Please have your current insurance cards with you at the time of service so we can submit your claims properly. If you are covered by an HMO, a paper referral may be required. It is your responsibility to contact your primary care physician before each visit.

Your co-pay or deductible will be due at the time of service. If you have a financial concern, payment arrangements may be made prior to your visit with our patient advocate or billing/collections department at 410.820.8226 option #6 from 8am- 4:30pm, Monday through Friday.

It is important to your recovery to come to scheduled visits. If three consecutive visits are missed the therapist will have no recourse but to discharge you from their care. If you are unable to keep your appointment, please contact our office as soon as possible at 410.820.8226 option #1. **There will be a \$20.00 charge for missed appointments that is not covered by your insurance.**

It is important to The Orthopedic Center to make our patients comfortable and abide by the Federal HIPAA Privacy Guidelines. We must ask that family and friends wait in our waiting room while our therapists are treating the patient.

We look forward to seeing you.

Sincerely,

The Orthopedic Center Doctors and Staff