



CENTURY CITY PHYSICAL THERAPY, INC.

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2080 Century Park East, Suite 410
Los Angeles, CA 90067
(310) 553-2519/ FAX (310) 553-5842

FINANCIAL POLICY: WORKER'S COMPENSATION

Thank you for choosing Century City Physical Therapy, Inc. for your functional rehabilitation. If your injury is work related and authorized by your employer's workers' compensation insurance carrier, or employer is self-insured, you are not responsible for the charges incurred at Century City Physical Therapy, Inc. Century City Physical Therapy, Inc. is obligated to report your progress and attendance to the insurance carrier's representatives and referring physician.

We have found that communication with our patients regarding our policies assists us in providing the best service to you. If you have any questions, please do not hesitate to discuss them with us.

Insurance Authorization:

Authorization for treatment from your employer's insurance carrier or employer, if self-insured, must be received by Century City Physical Therapy, Inc. prior to onset of therapy.

When the patient's initial authorization has expired or when the authorized physical therapy visits are used, Century City Physical Therapy, Inc. must have re-authorization from the insurance carrier or employer (if self-insured) for physical therapy to continue.

Your therapy is coordinated through a rehabilitation team. We work closely with your physician, adjuster, rehabilitation nurse, case manager, and vocational rehabilitation counselor. If you have any questions regarding your care, please let us know. We are here to help!

Cancellation Policy:

We would greatly appreciate 24 hours notice if you are unable to keep your scheduled appointment. When our office is closed, you may cancel an appointment by leaving a message on our answering machine. Appointments canceled for non-emergency reasons with less than the 24 hour notice will be subject to a \$50.00 cancellation fee. Arrival more than 15 minutes after the time of your scheduled appointment may be considered a failed appointment.

Authorization:

I hereby authorize Century City Physical Therapy, Inc. to provide professional services to me.

I also authorize Century City Physical Therapy, Inc. to furnish all information it may have regarding my condition, treatment and progress while under Century City Physical Therapy, Inc. observation or treatment (including history obtained, physical findings, diagnosis, and prognosis) to my insurance company or its insurance representatives, my employer's insurance carrier (or employer if self-insured), my employer, my physician, my vocational rehabilitation counselor, rehabilitation nurse, case manager, or my attorney, upon request or during treatment and progress conferences.

Patient Name

Date

Patient Signature