

374 Main Street  
Norway, Maine 04268



Phone: (207) 743-5493  
Fax: (207) 743-5563

**In an effort to provide the highest level of care to our patients we ask the following of you:**

1. Please wear comfortable, loose fitting clothing and sneakers if necessary.
2. Please refrain from wearing perfume, cologne, or other highly fragranced products while visiting.
3. We will do everything we can to be on time for your appointment. Please help us, and your fellow patients, by being prompt for your scheduled appointments. If you are late, we may have to shorten your treatment time, or re-schedule you to another time.
4. Important, if you must cancel your appointment, please notify us at least 24 hours in advance. It is important that the reason for cancellation is given for therapist, medical provider and insurance purposes. Insurance does not reimburse for missed appointments. Two (2) missed appointments without noticed may result in the cancellation of any further treatment, and discharge back to your physician's care.
5. Please be aware that you are responsible for your portion of what your insurance company deems fair and appropriate charges. We ask for this payment at time of service.  
***In most cases we can bill this to your secondary insurance if you are a Medicare patient.***
6. ***For patients who are here as a result of MOTOR VEHICLE ACCIDENT/WORKER'S COMPENSATION:***  
*please be aware that you are responsible for the timely completion of any paperwork that your insurance company requires of you. Failure to do so may cause a rejection of your insurance claim. If your insurance company disputes, or for any reason denies your claim, you will continue to be responsible for services received. If you have a problem with your claim, we can accept private insurance in most cases. Non-compliance may lead to a denial of your claim, and you will be held responsible for your bill.*

**Patient Financial Responsibility**

I acknowledge full financial responsibility for services rendered by Richard Bader Physical Therapy. I understand that I am responsible for prompt payment of any portion of the charges not covered by insurance, including coinsurance, deductibles and copays. I understand payment of co-pays is expected at time of service, as well as any prior balance I may owe. I also consent that the payment of authorized Medicare insurance benefits be made on my behalf directly to RBPT for any physical therapy services furnished. I agree to all reasonable attorney fees and collection costs in the event of default of payment of my charges, as outlined in office and financial policies guidelines.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent if a minor)

Thank you for your cooperation.

*Richard Bader, P.T.*