



4544 S Lamar Ste 750
Austin TX 78745
p 512 228 1411 | f 512 280 9298
[jessica@primorehab.com]
[www.primorehab.com]

PRIMO PATIENT/THERAPIST CONTRACT TO RECOVERY AND WELLNESS

Integral to the philosophy of treatment at PRIMO is the concept of teaching and assisting the patient to learn new and more adaptive information, attitudes, and skills to replace dysfunctional, pain-producing behaviors, thoughts and feelings. We believe the best thing a physical therapist can do for his/her patient is to teach the patient how to become his/her own physical therapist. A holistic or whole-body approach to healing is utilized at PRIMO. Often other body areas are considered when treating an injury or problem since all areas of the body must work as a team. Each program provides a structure within which the type, frequency, and duration of therapeutic interventions are defined, process is measured, and goals are achieved. We thank you for choosing PRIMO and encourage you to ask questions to understand your body and treatment. With your effort, patience, and understanding, we will make this recovery process as effective and quick as possible.

{1} I, _____, a PRIMO patient, UNDERSTAND & ACCEPT responsibility in my commitment to recovery from an injury, surgery, impairment, or dysfunction, etc. This responsibility includes completing assigned home exercises and fully participating in each session, and in the plan of care the physical therapist (PT) has deemed most appropriate to address my specific needs. If non-compliant, they understand that the PT has the right to DISCHARGE me from physical therapy.

It is the philosophy of PRIMO that the physical therapist's job is to

- a. facilitate the healing/recovery process for the current problem/issue
- b. teach me how to self-treat my current problem outside of clinic
- c. educate me regarding ways to avoid the return/recurrence of the current problem
- d. understand the basics of how to self-treat other problems I may encounter later in life via the universal healing principles taught at PRIMO.

Recovery/Healing is a **TEAM EFFORT** AND I UNDERSTAND THAT I AM HALF OF THE TEAM WORKING TO RESOLVE MY PROBLEM/INJURY.

I understand and accept the terms described above. _____ (Please initial here)

{2} I UNDERSTAND & ACCEPT that I may reach the goals set at the initial evaluation after only two or three visits. However, for those who do not have immediate success/results, we ask they commit to a minimum of six visits. If my problem(s) are not changing/responding after a few visits, it does not mean that it will not respond with further skilled physical therapy. Problem(s) that have been present for a long period of time typically take longer to begin to respond favorably to therapy. We typically do not treat longer than 24 visits per injury/impairment/problem, with the exception of some chronic pain patients.

I understand and accept the terms described above. _____ (Please initial here)

{3} I UNDERSTAND & ACCEPT that PRIMO retrieves and verifies my insurance benefits and limitations to ensure that services can be rendered and reimbursed appropriately. Although PRIMO attempts to inform me ahead of time when such event occurs, it is ultimately my responsibility to understand my insurance policy. If my physical therapy is reimbursed partially by my medical insurance, I agree to pay the amount not covered by my plan including co-payments, co-insurances, and deductibles. There are times when insurance companies will not cover previously administered or continued care. In addition, medical insurance companies may deem continuing care to be on a "maintenance level," at which time you will have the option to personally pay for services or continue on your own at home with the skills you have learned in Physical Therapy. Please see a schedule of fees.

I understand and accept the terms described above. _____ (Please initial here)

{4} I UNDERSTAND & ACCEPT that the physical therapists take pride in being able to provide exceptional service with a "hands on/eyes on" personal approach to treatment to expedite the healing and recovery process. In order to achieve this, it is extremely important that I attend each of my scheduled appointments and adhere to recommendations regarding scheduling for your specific needs. When a patient schedules an appointment, PRIMO will accommodate patients' needs and prioritize the urgency of care to the best of their ability. It is distressing that in hindsight we may have had time available to help someone in acute pain, but because of cancellations and "no shows" we have been forced to make patient's wait for treatment. In order to be most effective and fair to everyone, we have the following policies:

- We require 48 hours notice of appointment cancellation. Cancellations within 48 hours are considered late.
- In the event of a late cancellation or "no-show", your account will be assessed a \$50 cancellation fee.
- Three cancellations or no-shows during the course of therapy will result in the termination of treatment.

As we understand that "life" happens and unavoidable circumstances may arise, we will consider each case individually when assessing a fee.

I understand and accept the terms described above. _____ (Please initial here)

{5} I UNDERSTAND & ACCEPT that the physical therapist is educating me on how to become my own physical therapist. Dependence on therapists is a short-term solution. PRIMO wants you to have a sense of empowerment and independence in treating your condition. Although at times I may need to come back for a "tune up" for soft tissue work or re-assessment of exercises, the ultimate goal is for me to be independent.

I understand and accept the terms described above. _____ (Please initial here)

I have thoroughly reviewed PRIMO's Patient/Therapist Contract to Recovery and Wellness.

I, _____, (Please sign name) understand and accept the terms described above and am ready to begin my road to recovery.