Patient Information

Introduction and Welcome:

WELCOME TO OUR FACILITY. OUR PATIENT SRVICES HOURS ARE FROM 9:00AM TO 7:00 PM MONDAY THROUGH THURSDAY WITH OUR LAST APPOINTMENT BEING AT 6:00 PM FOR 1 HOUR SESSION AND 6:30 PM FOR ½ HOUR SESSION.

Our Mission is to provide innovative, multidisciplinary services dedicated to injury prevention and rehabilitation for the community.

As a qualified team of professionals, we promote and provide excellence in rehabilitation services through our commitment to patient’s rights, advance education and professional ethics.

We believe that our services are optimized when we work as a team with our patients/clients, his/her caregivers, family and our professional colleagues. We additionally believe that we demonstrate social responsibility by providing services in a cost effective, proficient manner.

The management team has evaluated administrative, technical, and physical safeguards to protect the privacy of protected health information, and per our risk analysis, safe & responsible measures have been implemented

As part of our Mission, we make every effort to see our patients on a timely basis. This requires certain patient responsibility and we ask your cooperation.

**Patient Responsibility:**

PROMPTNESS – please make every effort to arrive on time

CANCELLATIONS – please call 281-344-1808 if you are unable to keep your scheduled appointment

LATE ARRIVALS – Will be seen as the therapist’s schedule permits. Please understand that if you arrive late, you may not receive all or any of your treatment.

EARLY ARRIVALS – Will be seen as the therapist’s schedule permits. The therapists are obligated to other appointments, so you may be required to wait until your schedule time.

RESCHEDULING – Please consult your front office to schedule future appointments

GOODS AND SUPPLIES – Please ask the Business Office Receptionist or your therapist if you are eligible for supply/equipment reimbursement by a third party payer

NON-COVERED SERVICES – At times services that could be important to your rehabilitation are not considered “covered services” by your health plan; should this occur you will be advised prior to treatment administration and will be given the opportunity to choose to sign a waiver and accept personal payment responsibility or you may choose to decline to receive the recommended service.

**I UNDERSTAND THAT IF WE HAVE TWO CONSECUTIVE NO SHOWS THAT MY CHILD WILL BE REMOVED FROM THE THERAPIST SCHEDULE AND AN APPOINTMENT WILL BE MADE WITH FAITH A. STILEN, OWNER TO CONTINUE SERVICES. IF THE SHOW RATE IS 50% OR LESS, THE PATENT’S SERVICES WILL BE DECREASED OR CANCELLED AT THE DISCREETION OF FAITH PEDIATRIC REHABILITATION.**

**If you have any questions or concerns please ask for me, Faith A. Stilen President**

TYPE DATE HERE

Sylvai Silva

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT NAME (PRINTED) DATE**

TYPE NAME HERE

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE**