



Welcome to the **Therapy Center**, located at Baptist Medical Center East, where a team of dedicated professionals use therapeutic methods as well as state-of-the-art equipment to provide you with pediatric through adult Physical, Occupational, Speech and Aquatic Therapy. Our goal is to help patients of all ages reach their maximum potential.

Our **Hours of Operation** are **8:00 am - 5:00 pm, Monday-Friday with Voicemail** message service 24/7, checked daily during normal hours of operation.

Our **Phone Number** is **334-244-8345**

**Please note the list below of the Therapy Center's Patients' Responsibilities policies:**

- A physician prescription (**Rx**) is required for treatment/therapy & must include: treatment type, reason for treatment, duration, date, & MD signature. It is the **patient's responsibility** to assure physician prescriptions (**Rx**) for therapy are current; as outdated/expired prescriptions cause a delay/hold in therapy.
- Some Insurance Companies require a new written prescription monthly. (Tricare & Medicaid have special prerequisites.)
- Baptist Health accepts and bills most insurance companies, but **All Patients are ultimately responsible** for full payment & are advised to check with their individual insurance company regarding coverage, co-pays, certification, referral, requirements, restrictions, etc. It is impossible to keep up with multiple insurance companies' individual insurance policies & frequent changes.
- It is the **patient's responsibility** to notify the Therapy Center of any insurance changes, restrictions, requirements, per-certifications, variations, etc.
- For questions concerning billing, please call **Baptist Health's Business Office at 273-4160**; prescription requirements contact your Insurance Company; the Therapy Center Front Desk staff will be happy to assist if possible.
- It is the **patient's responsibility** to provide the Therapy Center with up-to-date information occurring after the date of admission, so Medical Records can be updated. I.e.: name, phone number, address, health, & med changes, etc.
- If a patient is unable to attend a scheduled appointment, the patient should contact the **Therapy Center at 244-8345** to "cancel" &/or "reschedule" another appointment.
- If a patient has three or more **cancellations** in a month, the patient will be discharged or required to obtain a new doctor's referral to resume therapy at the therapist's discretion.
- If the patient arrives 15 minutes or more past their scheduled appointment time the **Therapy Center** reserves the right not to see/treat the patient at the discretion of the therapist. The patient will be considered a "No Show" if not treated.
- If a patient calls after their scheduled appointment time to cancel or reschedule, they will be considered a "No Show".
- A **"No Show"** is considered when a patient has missed a scheduled appointment without calling to cancel or reschedule the appointment.
- If a patient has **three No Shows**, the patient will be discharged from therapy services. A note will be sent to the referring doctor to explain the reason for discharge.
- If the patient has not contacted the **Therapy Center within FIVE BUSINESS DAYS** after a No Show to schedule an appointment, the patient will automatically be discharged. A new doctor referral will be required in order to treat the patient again.
- If the patient has excessive No Shows &/or cancellations the patient forfeits the right to make appointments a month ahead of time. (They will be required to make appointments weekly or daily if openings are available.)
- Patients **ONLY** are permitted in the treatment area unless the patient is a minor or permission has been granted by the therapist. (Out of consideration and privacy of other patients, we ask that all guests remain in the Waiting Area.)
- Due to **limited Waiting Area space**, please limit the number of guests. (One guest per patient is recommended)
- Children 14 years of age and under **MUST** be accompanied by an adult who **MUST** remain on the premises during the course of the child's therapy. Any exceptions will be at the discretion of the therapist.
- **Parents** are responsible for their children in the Waiting Area. Please be mindful of other hospital patients and families.

Thank you for your cooperation,  
 Therapy Center Staff

I have read and acknowledge that I fully understand and agree to abide by the terms listed above.

Signature

Date

