

## **IMPORTANT!**

**Please be sure to complete the forms, making sure they are filled out completely and signed at the bottom. To bill your insurance correctly, it is important that you supply birth dates, plus group and ID numbers for the person carrying the insurance. Be sure to bring your insurance card with you so we can take a copy of it for your chart. If there are any areas on the forms that do not apply to you (secondary insurance, etc.), please enter NA in that space. You may drop the forms at the clinic prior to your appointment or you may bring them with you. If you are unable to fill them out completely before your appointment, please arrive 20-30 minutes early!**

**Please be mindful when scheduling your appointment, as we have reserved 1 hour for you, one on one with your therapist. We do not double book and work to run on time.**

**You will be personally billed a \$30.00 charge if you cancel for any reason, without 24 hours notice, or fail to show for your scheduled appointment. For your convenience, we have a 24/7 answering machine.**

**We thank you for your understanding and cooperation.**

**Thanks! We look forward to seeing you.**

**ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER  
(503) 777-6746**