

Dear Patient:	
to our patients as prescribed by you	Therapy is to provide physical therapy services ur physician. You are scheduled for follow-up ysician's orders and the treatment plan set by
you are considered non-compliant	nts, not only are you slowing your recovery to the treatment plan, and are at risk for the yment for services rendered. If the insurance non-compliancy, you will be held
brought to your Adjuster/Case Man	Auto claim, all cancelled appointments will be ager's attention. this policy is in the best scheduled appointments interferes with you ne your injury.
Patient's Signature	 Date

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