New Heights Physical Therapy Plus
RUNNING REGISTRATION

Patient Name: (Last, First, Middle Intl.)		Birth Date:	Sex: M F
Mailing address:	City:	State:	Zip:
Home Phone #	Cell Phone #	Work Phone #	
Email address:			

How did you hear about us?
Insurance Directory Dex G&L Yellow Flier Redirect Location Verizon Article in paper Other: ____________________
Internet: City Search Dex Online NHIT Website Yahoo Google Key words used in search

CANCELLATION AND MISSED APPOINTMENT POLICY: In the event that I am unable to make a scheduled appointment I understand that I must give at least **24 hours notice (1 business day)** prior to my scheduled appointment. **Failure to do so will result in a missed appointment fee in the amount of $25 for scheduled therapy appointments. <u>Payment will be made prior to my next appointment</u>**. Failure to attend three scheduled sessions without notification may result in termination of all future appointments. This policy enables New Heights to schedule other clients who are in need of service in a prompt and timely manner.

RETURNED CHECK POLICY: In the event that my payment is returned for non-sufficient funds, I will be charged a $25 processing fee.

HIPAA: I have received or been offered a copy of this office's Notice of Privacy Practices. ________ (please initial)

______________________________ ______________
Client Signature Date

______________________________ ______________
Parent/Guardian Signature Date

Appt Date: _____________ Time: ______________ Employee Initials: ______

* New Heights Physical Therapy Plus is a DBA of New Heights Integrative Therapy Inc.