

## CLINIC POLICY

1. **Requirements for the visit**
  - a. Doctor's Referral for Physical Therapy
  - b. Filled out Patient Information Sheet
  - c. Acceptance of Clinic Policy, Agreement and Terms of Service
2. **Appointment Policy**
  - a. Appointment for doctor's consultation and/or physical therapy can be made via phone, SMS, social media.
  - b. A reminder message will be sent a day before the scheduled appointment for confirmation.
  - c. A courtesy call will be made in case of no reply for confirmation.
  - d. In the event of a missed call, please contact us immediately within 4 hours to keep your appointment.
  - e. No response will automatically cancel the appointment and will be considered as "no show".
3. **Cancellation Policy**
  - a. **CONSISTENT ATTENDANCE IS THE KEY TO YOUR TIMELY RECOVERY!** We require a minimum of 24 hours for you to inform us beforehand regarding your cancellation. Indication of the reason is highly appreciated.
  - b. 1<sup>st</sup> cancellation with less than 24 hour notice, you will receive a warning. On the 2<sup>nd</sup> instance, you may be charged a booking fee of P500, that will be refunded once you finish all your sessions with us.
  - c. As Caring Experts, we discourage habitual cancellations of appointments, to prioritize the **GOLDEN PERIOD OF HEALING.**
4. **Late Policy**
  - a. For latecomers, it is their responsibility to inform the clinic ahead of time. As courtesy to the next patient scheduled, treatment time may NOT be extended. The patient has the option to continue treatment with the remaining time and be charge the full amount of the treatment.
  - b. Appointments with 30 minutes remaining time will have to be rescheduled. The patient may opt to wait for a vacant slot but NO assurance of availability.
5. **"No Show" Policy**
  - a. "No Show" is someone who misses an appointment without notice of cancellation 12 hours in advance.
  - b. As we are responsible for your healing progress, "No Show" will be recorded in your patient's chart. Patient recovery will be affected by non-compliance to attendance.
  - c. Two (2) "no show" will result the require a follow-up consultation with their Attending Doctor before continuing your treatment. **CONSISTENT ATTENDANCE IS THE KEY TO YOUR TIMELY RECOVERY.**
6. **Audit Visits**
  - a. We have audit procedures to ensure our patients are receiving quality care from our physical therapists.
  - b. Please be aware that one of our officers or members of the management may visit you during a session or may call you via phone to get feedback about our services. Your feedback is highly appreciated.
7. **Mode of Payment**
  - a. The clinic accepts debit, credit, cash and bank transfer as methods of payment.
  - b. Patients are highly discouraged from leaving the clinic premises without making payment. If a patient cannot settle payment for whatever reason, they are required to fill up a promissory note.
  - c. All prepaid treatment programs are non-transferable, non-refundable, and are valid for 3 months. This is to ensure that we maximize the golden period of healing.
  - d. In cases where a patient needs to delay a prepaid program, the patient is required to sign a waiver to hold the remaining sessions for a maximum of 3 months. Without the signed waiver, the remaining sessions shall be forfeited.
8. **Return & Exchange Policy**
  - a. Patients are advised to examine treatment aids prior to purchase. As such, patients are allowed to return or exchange the treatment aid on the same day, in case of defects seen at the time of purchase. However, they are not entitled to these because of a change of mind on their part.
9. **While receiving treatment at APT/Physiare, we discourage participation or engagement in any other physical therapy services, massage, soft tissue manipulation, chiropractor services, acupuncture or any other rehabilitation and alternative medicine services.**
10. By accessing or using our services, you hereby confirm that the information you have given above is true to the best of your knowledge and has not omitted any information that may affect the treatment that has been prescribed.
11. You understand that you must report any complications that my occur during or after your treatments. Also, you confirm that you have been informed and you understand that, after completing your treatment sessions, it is necessary for you to be re-evaluated by your doctor.

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Signature over printed name and date