

## Office Policies

Welcome to the therapeutic services of Hands-On Healing and John Leonard, PT, DPT, NCTMB. It is my desire to provide you with a comprehensive healing experience individually designed to promote optimal health and functioning. With that in mind, I have outlined several key items for your consideration as you enter this relationship with me.

### 1. **Non-Participation With Insurance Billing:**

I do not accept insurance assignment or participate in the billing of insurance providers as a choice made to enable me the scheduling freedom to spend extended time in one-on-one treatment with you. Unfortunately, today's insurance reimbursement structures do not adequately compensate therapists for their skilled services, making it necessary to minimize appointment times, depriving you of needed professional services, in order to meet operational costs and create a profitable business operation. More and more frequently today's physical therapy services are being directed and conducted by assistants, technicians and students, rather than skilled and licensed physical therapists, to create a cost-efficient delivery system. At Hands-On Healing, I deliver all care personally without support staff or time constraints. I am able to provide you with a receipt for professional services for tax deductions, and some private reimbursement if needed.

### 2. **Cancellation Policy:**

Any and all cancellations with less than 24 hours' notice will incur a cancellation fee of \$30.00 due prior to the scheduling of additional services. This fee may be paid through my website with the use of PayPal, or delivered at the time of your next appointment. Your appointment time has been reserved for you, and failure to attend without sufficient notice creates uncompensated time and an income deficit for me. In an effort to be fair and not create any inequity in determining "*true emergencies*" and "*extenuating circumstances*", I have determined that **ALL** cases will be required to pay the reasonable \$30.00 fee, eliminating opportunities for "special treatment" of any one individual.

### 3. **NO SHOW Policy:**

Any appointment not kept without appropriate cancellation notice will be treated as stated above, with a \$30.00 fee applied to the individual's account. Payment will be expected prior to receiving additional services.

### 4. **Forms of Payment Accepted:**

Fees for service are due upon completion of service in the form of cash, check, or credit/debit card payment. In some cases, your Flex Spending Account Debit Card is accepted.

### 5. **Forms:**

Please download and complete the new client forms prior to your first visit, or plan on arriving 15 minutes early to complete forms which will be available on a clipboard in the waiting area.