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Patient Contract

Good Life Physical Therapy has a code of conduct the patients will need to comply with in order to continue therapy. The guidelines are as follows:

1. Patients will complete the therapist's prescribed treatments and follow their home exercise program.
2. Good Life Therapy will attempt to verify patient's insurance policies, but it is the patient's responsibilities to understand and comply with their personal policies. Patients are responsible for copays and accrued coinsurance charges.
3. The patients are responsible for notifying Good Life Physical Therapy if there are any changes to contact information and insurance. If any services are rendered without insurance, the patient is responsible for the charges.
4. Good Life Physical Therapy will attempt to contact patients with reminders and scheduling. However, it is the patients' responsibility to know your appointments or contact Good Life if there is a scheduling conflict.
5. Patients will attend all scheduled appointments.

ATTENDANCE POLICY!

*All patients need to give Good Life Therapy **AT LEAST A 24-HOUR NOTICE** of cancellation. ANYTHING UNDER 24-HOURS WILL BE CONSIDERED A NO -SHOW.*

The FIRST (1) No-Show will not be penalized.

The SECOND (2) No-Show will result in a \$25 fee.

If you NO CALL, NO SHOW ANY APPOINTMENT, you will automatically be PENALIZED with a \$25 No-Show fee and ALL FUTURE APPOINTMENTS WILL BE CANCELLED by the end of the business day unless confirmed by the patient.

6. Following TWO (2) No-Shows patients may be discharged from therapeutic care.

Good Life Therapists are here every day and work hard to aid in your recovery! We promise to do everything in our power to GET YOU BETTER and we hope that you to place the same emphasis in your care as we do. Your recovery is our shared responsibility! If you cannot attend your appointments, there is probably someone else that needs your appointment slot! Please be respectful.

Thank you for your consideration and compliance. We look forward to helping you with your therapy.

Patient Name

Date

Patient Signature

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