



Welcome to physical therapy at Schoolcraft Memorial Hospital. This letter will help you in working with your insurance company to determine insurance coverage for therapy. It will also give you a general idea of how the therapy process works.

Coverage:

We strongly recommend that you call your insurance company and ask to speak with a benefits specialist. Ask the specialist:

- Does payment cover outpatient hospital based physical therapy?
- Is there any deductible or co-pay?
- Are there limitations on the number or days/visits allowed in therapy?
- It would be a good idea to write the name of the person spoken for future reference.

You may wish to request that the company send you a "verification of coverage" letter. A representative of Schoolcraft Memorial Hospital's billing department will happily assist you if needed.

PROCESS:

All therapy begins with an evaluation; further treatments will likely include supervised exercise and physical agent modalities. Sometimes we use tape or iontophoresis that may cause skin irritation. If that happens we will change to another type of treatment.

You will be treated by a team of therapists. We meet weekly and as needed to coordinate your care. You may request to have only one therapist stay with you throughout the course of your treatment. Staying with one therapist may limit the available appointment times for you.

Starting or stopping therapy is always up to you and your doctor. We recommend that you continue therapy as long as you have a valid therapy prescription and you are having a problem that the therapy is helping you reduce or to manage the problem. If nothing is changing with your therapy over the course of one to two weeks we recommend therapy be ended.

Please call us to cancel if you are unable to attend a scheduled session. If you stop coming to therapy without letting us know you will be stopping, we will send you a letter and send your doctor a copy asking if you plan to return. We will mail you a survey at the completion of your therapy. Your open feedback about your therapy helps us make decisions about the treatment of future patients. If you have any comments as therapy progresses, please share them with your therapist.

Thank you for choosing Schoolcraft Memorial Hospital for your physical therapy. My signature below indicates I have reviewed this information and have had an opportunity to ask questions.

Name: _____ Date: _____