

Therapy Unlimited, LLC

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Welcome to Therapy Unlimited, LLC!

How did you hear about us? _____ We would like to thank them for referring you to our facility!

Please take time to read the following information regarding your care and treatment.

We develop a specialized plan of care for you based upon your diagnosis, evaluation and your activities of daily living. A plan of care is designed for you and carried out by the qualified clinicians at our clinic. Treatments will be based upon physician recommendations, the terms of your insurance and medical necessity. You may work with several rehab experts throughout the course of your therapy, treating you under the direction of your therapist, who all work together to help you achieve your goals.

Our therapists request that you be on time or a little early for your appointments. We pride ourselves on respecting your time and therefore will rarely keep you waiting. PLEASE LET THE RECEPTIONIST KNOW IF YOU HAVE BEEN DELAYED.

KEEP YOUR SCHEDULED THERAPY APPOINTMENTS. To reach your therapy goals, nothing is more important than regular attendance. It is critical if you are to achieve good results from your therapy. Poor or inconsistent attendance can definitely hinder the effectiveness of your therapy. For that reason, your insurance company views irregular attendance as an indication that therapy must not be necessary, and therefore will deny claims based on that indication. If you are unable to keep a scheduled appointment, we encourage you to reschedule that appointment to make sure that you are seen your prescribed number of visits. Attending your therapy sessions as prescribed is one aspect of your recovery that you totally control. We will provide you with a calendar to help you organize your scheduled therapy and doctor appointments. If you are not here, we cannot help you reach your recovery goals.

I have read the above terms and conditions and understand that my compliance with my therapy appointments and instructions is important for my success in meeting the goals set for me in therapy.

Patient

Date

Witness

Date