

110-20 71st Road • Suite 101 • Forest Hills, New York 11375 • Phone (718) 263-9011 • Fax (718) 793-7218

OFFICE POLICY REGARDING REFERRALS

Please be advised that a valid prescription and/or referral are required by law and by your insurance company for every visit in this office. It is your responsibility to verify the number of visits and the expiration date of the referral. It is not the responsibility of this office to obtain your referral, verify the number of visits remaining, or document the expiration date. This office will not be responsible for calling your PCP to obtain your referral or your prescription for therapy.

Any patient who arrives in this office for a routine office visit or treatment without a valid referral, will be rescheduled. If the patient chooses not to reschedule and the referral is not valid, payment will be required in full for the visit at the time of service.

If you have any questions regarding this policy, please ask to speak to the office manager. Thank you in advance for your cooperation.

Patient Name (print)

Date

Patient Signature (required)