

V A N C O U V E R
Rehabilitation
& Therapy
C L I N I C, P.S.

Thank you for selecting Vancouver Rehabilitation & Therapy Clinic to be part of your rehabilitation. Below we have condensed most of our policies as to be efficient with your valuable time. Please review:

Registration Form: This form allows for personal/contact information and insurance information to assist with verification of benefits.

Financial Agreement: This explains in detail the professional relationship between the patient and Vancouver Rehabilitation & Therapy Clinic.

HIPPA: This form will explain your rights as a patient and to your privacy.

1) Cancellation Policy: Due to the nature of our business, having an updated schedule is of utmost importance. We appreciate your cooperation.

A \$35.00 cancellation fee will be charged for any appointment not cancelled within 24 hours of scheduled appointment. NO show of appointment times will also be assessed with the same \$35.00 fee.

I agree to above stated release of records, cancellation policy and certify that I have either printed above-mentioned forms online or have been given the forms at the clinic.

Patient Signature

Date