

WELCOME

The staff of **STAR CARE, Inc.** would like to welcome you to our facility and thank you for choosing us for your rehabilitation/conditioning needs. Here at **STAR CARE, Inc.** we believe that it is **OUR RESPONSIBILITY** to provide you with the highest quality of care possible. In order for us to help you achieve your best, we need **YOU TO BE RESPONSIBLE** for the following items:

Please initial after each item that you acknowledge and understand.

1. Inform us of your doctors appointments at least one week in advance so that we can schedule you for a re-assessment and have the report to the doctor in a timely manner.
Initial _____

2. Contact us **24 hours** in advance if you need to cancel an appointment. We need this advance notice to be able to schedule someone who may be on a waiting list for that time. We do not overload our schedules in case of cancellations. You may be the one waiting for that time slot some day! If you do not give us a 24 hour notice we will charge you \$30 for that missed visit. **NOTE: Most insurance companies and worker's comp regard 3 or more missed visits as non-compliance.**
Initial _____

3. Notify us of any unusual changes, pain or discomfort you notice before, during or after your appointment with us. This will allow us to modify your program accordingly.
Initial _____

4. In most cases canceling an appointment due to increased pain or soreness is discouraged. If you miss an appointment it only further delays your progress. We will modify your program based on what your current status is on a day to day basis.
Initial _____

Once again, Thank you for choosing **STAR CARE, INC.** We look forward to working with you to help you "**BE YOUR BEST**".