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Dear Patients,

We need your help to allow us to provide you with the best possible health care and assist you with your pain and ailments. You can help us achieve this by following these policies:

1. Please be punctual for your appointment.
2. If you will be unable to keep your appointment, kindly call in advance to cancel so that we may accommodate other patients.
3. If you are 15 minutes late for your appointment, we will have to provide treatment to those individuals who arrive on time, and then if the schedule allows it we can try to provide your care. Please be aware that if late, we may not always be able to accommodate you.
4. If you miss more than 3 appointments (unexcused) we have no other choice but to discharge you from therapy. A letter may be sent out to your doctor/lawyer/etc. to notify them of your failure to be compliant with therapy.
5. Please bring all necessary doctor scripts, referrals, and insurance information, so that we may process your information in a timely manner.
6. You are responsible to have an updated script/referral from your doctor for each physical therapy visit. We will try and remind you when the script/referral is about to expire but are not obligated to.
7. If you change insurance, you MUST notify us immediately. If you fail to notify us, you will be responsible for paying any balances due.

It is important to implement these policies and guidelines so that we may provide everyone with the best possible treatment care.

Please sign the bottom portion of this notice to acknowledge that you understand our policies and your responsibilities.

Patient Signature

La Fortaleza Staff Signature/Witness

I, _____, have received a copy of the Notice of HIPPA Privacy Practices from La Fortaleza Physical Therapy Center to take home and read its contents.

Date: _____

Patient Signature: _____

Witness: _____