

Spring Grove Physical Medicine & Rehabilitation, LTD.
2100 Route 12, Suite 101, Spring Grove, IL 60081 (815)675-0675

Cancellation/No Show Policy

In order for you to get the most benefit out of your rehabilitation it is imperative that you attend all scheduled visits and keep to your scheduled appointment time. If by chance you are unable to attend your appointment you must give 24 hour notice. If you cancel on the day of an appointment or do not show for an appointment YOU, not your insurance company, will be charged a \$25 fee. If you cancel and/or do not show 3 times in a row you will be discharged from skilled physical therapy.

Past Due Account Notice

After 90 days without payment your account is considered past due. At this time we will send you notification of account status along with a request for payment. If your account reaches 120 days and still no payment has been received your account, it will then be turned over to Certified Services for collection. You will then be held responsible not only for your original account balance but also the 40% surcharge the agency requires. To prevent this please make sure a positive credit is applied to your account monthly. Payment arrangements are available if needed. Please ask for more information. Thank you very much!

Patient Signature: _____ Date: _____