

# WELCOME TO OUTPATIENT THERAPY SERVICES AT SUMMERLIN MEDICAL CENTER

Dear Patient,

Welcome to Outpatient Therapy Services at Summerlin Medical Center. In order for us to provide you with the highest possible quality of care, we ask for your full cooperation with the following:

❖ **CANCELLATIONS AND NO SHOWS**

If you are unable to keep a scheduled appointment, please notify us at least 24 hours in advance. We will make every attempt to reschedule your appointment. If cancellation or no shows become excessive (3 maximum), we will take you off the schedule and ask you to call us the morning of the day you wish to be seen. We will try our best to fit you into the schedule at the time you have requested.

All cancellations and no shows are documented in your medical chart. Referring Physicians for worker's compensation patients are notified after each missed and or no show appointments.

❖ **COPAYMENTS/CO-INSURANCE**

If you are not covered 100% by your primary insurance provider, you will have a co-payment or co-insurance portion due. You are expected to make your payment at each visit.

Our Center runs on a schedule and our therapists give the highest quality of care in a timely fashion. Please make every effort to be on time for your appointment. If you have business at the front desk, such as making a co-payment or scheduling, please arrive early enough to do so in a timely manner.

Cordially,

Outpatient Therapy Center Staff

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Print Name

Date

Patient Signature

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BAR CODE



ED0010 - Education



**SUMMERLIN HOSPITAL**  
MEDICAL CENTER.

**WELCOME TO  
OUTPATIENT THERAPY SERVICES  
AT SUMMERLIN MEDICAL CENTER**  
(PMM# 77497519) (R 11/08) (FOD)

PATIENT IDENTIFICATION