

TERMS OF BUSINESS

We are registered with all the major medical insurance providers except PPP.

Authorisation confirmation is required from your private healthcare provider if you wish us to invoice them directly. Authorisation is not a guarantee that your provider will settle your account in full. Many policies carry an excess.

Please be aware that your health insurance contract is between you as the patient and your insurance provider. Your insurers are under no obligation to pay us if your policy does not cover our fees.

Responsibility for settlement of our fees ultimately resides with the patient.

We reserve the right to charge for appointments cancelled with less than 24 hours notice. Late stage cancellations deny treatment for other patient who may be in acute pain.

Please be aware that consultation and treatment duration vary and include time for your practitioner to complete the legally required documentation.

Individual patient response to manual treatment is variable. Pain may increase in the initial sessions for some patients. 6-8 sessions of treatment may be required to achieve a positive response and alleviate pain. It is essential to complete a treatment course as defined by your practitioner. Failure to complete the prescribed course of treatment will be detrimental to your recovery and may fail to resolve your pain and symptoms.

Symptoms resulting from injury and trauma to joints and muscles require a period of healing. Treatment will assist healing and restore normal body function. However pain will persist until healing is complete and inflammation has resolved. This period could last for several months.

If a condition has persisted for several months or years including periodic symptoms for many years a positive response to treatment may take 3-6 months to achieve.

With certain spinal, joint and muscle conditions your practitioner may have to refer you to other specialists for assistance in managing your symptoms. These include, but are not limited to: Orthopaedics, Radiology, Podiatry, Neurology, Stress Management, Gynaecology and Exercise Physiology.

Terms of settlement: strictly 14 days. Without prior arrangement interest will accrue at 2.5% per week. If you choose to settle your account with a credit/debit card, your card will be charged following treatment without further notification as per this signed agreement.

John Rutherford Physiotherapist

PLEASE USE CAPITAL LETTERS

Name _____

Address _____

Date of Birth _____

Mobile Phone number _____

Email address _____

GP Details _____

Consultant Details _____

Embassy Details _____

Embassy ref _____

Insurance company _____

Insurance membership _____

Insurance authorisation _____

Method of payment _____

If you do not wish to settle your account on the day of treatment, even if you have documented authorisation of health insurance, we require credit/debit card details

Card No Only _____

I have read and understood the terms and conditions

Signature + Date _____

I understand the diagnosis and treatment plan, as explained to me by my practitioner.
I consent to treatment.

Signature + Date _____