



**Palmdale (Main)**

1115 West Ave. M-14  
Palmdale, CA 93551  
(661)265-0060

**INSURANCE ELIGIBILITY WAIVER**

I understand that if my eligibility for insurance coverage is not established for any service received from West Point Physical Therapy Center, Inc., I or the person financially responsible for me will assume full responsibility for all charges incurred by myself, and pay in full all such charges.

**Cathedral City**

68-845 Perez Rd.,  
Ste. H6-H7  
Cathedral City, Ca 92234  
(760)328-0292

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF APPOINTMENT CANCELLATION, NO-SHOW & LATE POLICY**

I understand that West Point Physical Therapy Center, Inc., requires that any appointment cancellation notice be given 24 hours prior to the scheduled visit, otherwise it will result in the loss of the visit.

**California City**

9300 N. Loop Blvd.  
California City, CA 93505  
(760)373-7338

I further understand that if I do not show up for two consecutive appointments, without contacting West Point Physical Therapy Center, Inc., it will result in an automatic discharge.

I also understand that if I arrive 15 minutes late or more to my scheduled appointment, I forfeit my visit and will not be seen until my next scheduled appointment.

**Rosamond**

1431 Rosamond Blvd.  
Ste. 11  
Rosamond, Ca 93560  
(661) 256-2700

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF POLICY PRACTICE**

I was supplied with West Point Therapy Center's notice of privacy practice, I have read it and understand it's contents. Furthermore, I understand I am entitled to a copy of the original document, which I can ask for at any time.

**Indio**

81-880 Dr. Carreon Blvd. Ste.  
A104  
Indio, CA 92201-5583  
(760)863-0060

Signature: \_\_\_\_\_ Date: \_\_\_\_\_