

IBPF Physiotherapy – “About Us”

“Are we right for you?”

Thank you for choosing In Balance Physiotherapy & Fitness as your health provider – we appreciate your support and will do our absolute best to provide you with exceptional health care solutions for many years to come.

To ensure we provide the best possible care - it is important that you understand how we deliver our services:

- Consultant Therapist Model** - Senior Specialised Therapists are used as consultants for complex cases. They are involved in Initial Assessments, Treatment Plans and Re-assessments but do not deliver ongoing therapy. This model allows more participants to benefit from specialist input.
- Telehealth** - Online therapy sessions are a standard service delivery option. Therapists will determine the best service delivery model.
- 24 Hours Notice of Cancellations** - If you are unable to attend an appointment – we request **24 hours notice** - otherwise a cancellation fee of 50% of the intended treatment fee **may be charged**.
- Money Back Guarantee** - If you are not happy with our service at any time - **LET US KNOW** - our director will contact you personally, **refund any money you paid for that session and give the next one FREE**.
- Pay at the Time of Consult** - consultation fees for all private clients are to be **paid at the time of consultation - no invoices will be given**. Clients accessing funding through third party providers will be liable for invoices if funding is not available or approval not given (e.g. WC/MVA/NDIS).
- Bookings Made in Advance** - at the end of today’s assessment - if our therapist believes we can help and you **agree to the treatment plan - We will book all sessions in advance** – this allows you to get the most convenient times and increases the success of your treatment.
- Your Feedback is Vital** - Please **take a few minutes to fill out our feedback form**. Be honest and let us know how we can improve our service. We also request that you fill in feedback form after your **first re-assessment**.
- Word of Mouth Referrals** - We are a family owned practice and word of mouth referrals are the greatest compliments we receive. We thank you in advance for any referrals.

By signing below, I accept and agree with IBPF’s service delivery approach

Clients Name: _____ **Date:** _____

Client Signature: _____ **Admin Initials:** _____