

1.CENTRE.S.O.S and these therapists inform you that alternative therapies (except conventions) are mostly services recognized by: RME, ASCA or NVS. Before a session, I have been informed, understand and take full responsibility for informing my insurance to determine the type of reimbursement that will be granted or not. In case of non-reimbursement of my insurance, I understand that the firm (the Association 1.CENTRE.S.O.S or the therapist) is in no way responsible for this situation. In particular, I was instructed to inquire of my insurer, before the beginning of the treatment, to know if the treatment envisaged in this (this) therapist will be recognized by my insurance. I am responsible for going to see a doctor in case of emergency as the first intension. In case of emergency, if the therapist redirects me to medical emergencies or doctors, I agree to pay according to the tariff in force the emergency benefit that will be charged to me. I am informed by the therapist of the possibilities and limitations of the treatment methods applied as well as the possible risks and side effects.

We have defined together a goal and a treatment plan. I was not promised any healing. I have been instructed not to interrupt a classical medicine treatment without the prior consent of my doctor. The presence of the legal representative or a relative is obligatory for a minor at each meeting, no one under 18 years of age. Otherwise, the session will be charged despite the fact that the care will not take place.

- Please plan to arrive 15 minutes before your first appointment to take the administrative steps for your file.

- In case of cancellation or modification of an appointment, we thank you to observe a minimum period of 24 hours. Below this period, the consultation fees will be required. Any delay on your part will not be compensated under your responsibility, otherwise, this appointment may be charged. I was informed of the costs of the treatment and informed about the benefits of the insurance, the guarantees of costs and the terms of payment.

- In addition, during a treatment (physiotherapy or osteopathy or other) a medical prescription must be presented at the first session if you wish to use it for the type of therapy chosen. Otherwise, the session is loaded in treatment outside the LAMAL or LAA convention. The therapist does not request a medical prescription from the doctor for the client. In case of accident, it must be indicated on each prescription if it is for accident or others. The therapist or organization is not responsible for the administrative follow-up if information is not transmitted from the beginning of the care.

- For all services the client, at the end of his consultation, must pay his session to the therapist, and this in cash. A receipt / invoice will be sent for insurance purposes for the treatment received. It will be sent by post or email at the end of the month. The customer must make himself the procedure of reimbursement with his insurance. In case of late payment of a consultation by the client or insurance, the therapist grants the right to suspend the next treatments until the payment of the said consultation, or to stop the care of the patient.

- At the request of the client or his insurance to complete a questionnaire or a form, with the agreement of the client written and signed, the therapist will complete the document. This time allot to complete the documents is a charged fee in addition to the follow up. It will be billed to the customer according to the rates in effect announce and will have to be paid by the customer before sending to the insurance of said report. The customer is responsible for the reimbursement or not by his insurance for the report or form.

- I give you the authorization to transmit the indications required for the establishment of the invoice to the insurance (LAMal or LAA or LCA or others), to the company possibly responsible for the recovery as well as to the official authorities competent (offices of prosecution, justice of the peace, courts). It goes without saying that you will not deliver any data likely to provide information on my medical treatment to the said authorities. My provider is authorized in my interest, to ask for or to transmit the medical files concerning me. In addition I accept that my medical file is also kept in a computerized form regardless of the support used.

- The entire delivery and transmission information takes place during the session. Any communication

with the client on the subject of care (information on the record of the session and the exchange of information in connection with the care) will be the responsibility of the client when it is done at the outside of time assign to the session. Any communication by SMS, email or telephone on a follow-up and information of the support will be charged to the customer according to the tariffs in force. In case of emergency or communication on a case of reorientation without act of direct support, the rates in force will be charged to customers.

- By signing this form, I accept that the billing of my treatment is established on paper or in electronic form in thirds paying (invoice sent directly to the insurance) or third guarantor. By entering my email address I agree to receive in this way the data related to my follow-up (receipt or proof of repayment), to realize at the end of or sessions, at the end of the month.

Suptilités of percistent and are known only to your insurance. Before a session you êtes full responsibility you informed with your insurance company to determine the type of therapy and acknowledged the terms of repayment.

Physiotherapy

Physiotherapy

- To be treated by your physiotherapist, a medical prescription from your doctor (as of less than 5 weeks from the first session) and valid insurance card must be presented at the first appointment. The therapist does not request a medical prescription from the doctor for the client. If not, the therapist can not start the treatment.

- During a medical prescription for accident (LAA), the claim number and the name and contact details of the insurance must be sent during the first session. If not, the therapist can not start the treatment.

- A physiotherapy prescription must be started no later than 5 weeks from the date of issue. Treatments must be carried out at most within 3 months. All sessions done outside these deadlines will be your responsibility. If you do not hear from you during the three weeks following your last appointment, your file will be closed and the sessions will be billed.

- Depending on your coverage and your insurance, the situation will be adapted but generally the payment of physiotherapy sessions will be done either at the end of each session, or at the end of the series of sessions prescribed by the doctor. A receipt will be sent by mail or email through the association or your therapist following the payment. It is your responsibility to send a copy of the receipt and medical prescription to your health insurance as soon as possible to make you refund. We are not responsible for processing times and reimbursement of your health insurance.

- If the payment period exceeds 30 days included following receipt of the invoice, chf reminder fees. 10 will be added and calculated for each day of late payment.

- In case of late payment of a consultation or a series of physiotherapy sessions according to the agreement between the patient and the physiotherapist at the first interview, the therapist grants the right to suspend treatments until payment of the said consultation or next series, or to stop the care of the patient. In case of non payment, the prescribing doctor will be notified, and will judge the relevance of issuing you another prescription.

By signing this document you confirm that you have read the contents of this document and accept your obligations following treatment in the office of the Association 1.CENTRE.S.O.S. and these therapists.