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**REGISTERED PHYSICAL THERAPISTS, INC.**

*Advanced, Personalized Care To Get You Back To Work And Play Fast*

TO THE PARENTS OF THE STUDENT:

This letter is to inform you of our policy regarding high school athletes in need of physical therapy services.

- Due to contractual agreements with insurance companies, we are no longer able to waive student deductibles, co-insurance, or copays. If this creates a hardship for you, please contact our office and talk to a therapist. Our desire is to continue to treat those athletes that need physical therapy.
- We ask that medical supplies (braces, wraps, etc.) be paid for when received. We can provide information needed to seek reimbursement from your insurance company.
- If your insurance requires a referral, please notify your Primary Care Physician immediately. The referral can be faxed to us at **572-0696**. If your insurance is Cigna HMO or Aetna, a referral must be faxed from your Primary Care Physician to your insurance company. If your insurance is EBMS or CCN, a prescription with the frequency and duration of treatment, is required from your doctor.

Our goal is to treat your son/daughter in the most appropriate and efficient manner. Should your student, family, or friends need a referral, we are always available to help determine the appropriate health care professional they should see.

The care of your student athlete is very important to us. We desire to continue top quality physical therapy services to you and your family. If you have any problems or questions with your insurance or about getting a referral, please contact our office so that arrangements can be made to accommodate your situation. If you have any other questions, please feel free to call our office at **572-0690**. Thank you!

Registered Physical Therapists, Inc.

**Please return the bottom portion with your student. Please keep the top for your records.**

\_\_\_\_\_ has my permission to be treated by the staff of RPT, Inc. for injuries received while playing high school athletics. I have also read and understand my obligations regarding payment during my son/daughter's treatment.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent / Guardian Signature

**Sandy • 801-572-0690**  
 9720 South 1300 East, #W200  
 UT 84094 • Fax 801-572-0696

**West Jordan • 801-566-6301**  
 1577 West 7000 South, #100  
 UT 84084 • Fax 801-566-4739

**Riverton • 801-446-0990**  
 12391 South 4000 West, #210  
 UT 84065 • Fax 801-446-0909

**South Jordan • 801-676-2210**  
 1868 West 9800 South, #200  
 UT 84095 • Fax 801-676-2212

**Draper • 801-432-2070**  
 74 E. Kimball Lane, #200  
 UT 84020 • Fax 801-432-2058

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 1501 Lamoille Hwy  
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