

**UW Health** [www.uwhealth.org](http://www.uwhealth.org)  
**(University of Wisconsin Hospitals and Clinics Authority)**  
**OUTPATIENT REHAB THERAPY CLINIC**  
**APPOINTMENT POLICY**

Prescribing Physician: \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> UW Health Orthotics<br>6220 University Ave.<br>Middleton, WI 53562<br>(608)263-0583       | <input type="checkbox"/> UW Health Research Park<br>621 Science Dr.<br>Madison, WI 53711<br>Spine PT (608)265-3341<br>Sports PT (608)263-4765 | <input type="checkbox"/> UW Health Rehab Clinic<br>6630 University Ave.<br>Middleton, WI 53562<br>(608)263-8412          |
| <input type="checkbox"/> UWHC Hospital and Clinics<br>600 Highland Ave.<br>Madison, WI 53792<br>(608)263-8060      | <input type="checkbox"/> UW Health at The American Center<br>4602 Eastpark Blvd.<br>Madison, WI 53718<br>608(440)-6400                        | <input type="checkbox"/> Hand and Upper Extremity Rehab Clinic<br>1 S. Park Street<br>Madison, WI 53715<br>(608)890-6170 |
| <input type="checkbox"/> Orthopedic Rehab Yahara Clinic<br>1050 East Broadway<br>Monona, WI 53716<br>(608)890-6110 | <input type="checkbox"/> Other:   |  |

Our goal at University of Wisconsin Hospitals & Clinics is to offer the best possible care to our patients. We want to work with you to make that happen. To best work as a health care team we need your cooperation on the following.

1. Attendance: We understand situations happen which make it impossible for you to keep a scheduled appointment. If this happens, please call us as soon as you know the appointment will be missed. The earlier you let us know, the more likely we can offer your scheduled appointment time to another patient. Please call us at: (608) 828-6600 so we can reschedule the appointment for a date and time that will work for you. If you miss three appointments, you may be discharged.
2. Timeliness: If you are more than 15 minutes late, we may ask you to reschedule your appointment.
3. Insurance: You will be responsible for any non-covered services and cost-sharing outlined in your insurance plan policy. Please contact the member service department of your insurance company for accurate coverage information regarding your outpatient hospital therapy benefits.

I have read and understand the above policy.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time