



**Outpatient Therapy @ Augusta Health**  
PO Box 1000  
107 Medical Center Drive  
Fishersville VA 22939

**Phone** (540) 932-5935  
**Toll Free** 1-800-932-0262  
[www.augustahealth.com](http://www.augustahealth.com)

Dear

You have been referred to Augusta Health Outpatient Therapy. Your appointment is as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**To ease the registration process, attached, you will find the Therapy Medical History Intake Questionnaire and other registration items enclosed. Please fill out these forms and bring them with you, along with the referral from your doctor.**

Please arrive **20 minutes** before your first appointment to allow time for registration and to maximize time with your therapist. You can expect your first appointment to last approximately one hour. Please refer to the directions and map also attached.

**Please contact your insurance company with any questions about your benefits or co-pay. If you have a co-pay it is expected at time of service, or you may contact the billing office to make other arrangements at (540) 932-4600.**

To get the most out of your therapy experience:

- Attend therapy consistently.
- Be faithful with your home exercise program.
- Discuss questions or concerns with your therapist.
- Please call us as soon as possible if you need to cancel your appointment, preferably 24 hours in advance. Our phone system is set up to take messages 24 hours per day.
- Let us know if you are unable to continue with therapy. We will try to accommodate your schedule to meet your needs.

**Thank you for choosing Augusta Health Outpatient Therapy for your therapy needs! We greatly appreciate the opportunity to care for you. In case of inclement weather please call the clinic.**

**Best Regards,**

**August Health Outpatient Therapy Staff**

Phone: (540) 932-5935  
Fax: (540) 932-5945