



# Therapy Station

Progressing towards Independence

## Patient Referral Bonus Program (To be completed by Therapy Station employee)

**New referrals only.** Please complete this form in its entirety, and **Fax it to Therapy Station at 813-814-4520**

**Patient Name:**

**Parent Name:**

**Phone Cell**

**Phone Home**

**Comments:**

**Employee Name** (First name, Last name)

**Referral Date**

**Signature**

### Payroll Office Use Only

**Therapy Start Date:** \_\_\_\_\_

**3 Month verified**

\_\_\_\_\_  
**Payroll Approval**

\_\_\_\_\_  
**Date**

**Paid Date** \_\_\_\_\_

## ***Frequently Asked Questions***

### ***How much I will get paid?***

Fifty dollars per referral.

### ***Will the Therapy Station office contact my referral to send in consent forms once I submit a bonus referral form?***

Yes, the employment offices may attempt to contact the referral but it is your responsibility to encourage your referral to contact Therapy Station and fill consent form package.

### ***What if the person I refer already has submitted an application form? Would I be eligible for the bonus?***

No, you would not be eligible for the referral bonus. The program is restricted to new referrals.

### ***If I leave my job at Therapy Station and my referral is hired, will I still get my bonus?***

No, a bonus can only be paid to current employees of the UNC Health Care System.

### ***What if the person I refer switches to another company before three months? Will I still get my bonus?***

No. Your referral should receive at least one therapy for a minimum of three months.