



Patient Payment Consent/Cancellation Policy

Patients are responsible for payment at the time of service. Payment at time of service includes the patient's insurance co-payment, and co-insurance if applicable to insurance plan. Patients are responsible for contacting his or her insurance plan prior to initiating therapy to inquire about insurance coverage for physical therapy services.

Patients may opt out of using insurance coverage and opt in for a cash pay option at any time if insurance does not cover physical therapy, or if coverage fees are outside of the patient's budget. Cash pay visits are \$120.00 for the initial evaluation, and \$100.00 for all follow up visits. Payment for cash pay visits is due at the time of service.

Cash, and credit cards are accepted. Checks are not accepted.

Patients are expected to notify Free Body Physical Therapy within 24 hours of his or her appointment to cancel, or reschedule. This in consideration for those patients who are waiting to receive care. Patients who **No Show or Cancel in less than 24 hrs** will be charged a **\$60.00 fee** each time they **No Show or Cancel in less than 24 hrs**. After 2 No Shows, Physical Therapy will be discontinued & your physician notified.

Please sign below:

I (print name) _____ have read and agree to the Free Body Physical Therapy terms and conditions of payment as stated above.

Signature _____

Date _____