



Payment Policy and Consent to Treat

X _____

Initials

Billing:

Insurance: Please provide us with your insurance card.

- Benefits will be checked prior to your appointment. This does not guarantee payment from your insurance and ultimately you are responsible for payment.
- Initial Evaluation cost is approximately \$300.
- Follow up appointments cost approximately \$250.

Private Pay:

- Appointments are scheduled for 1 hour.
- Private pay rate is \$125.00.
- We are unable to offer this rate and bill insurance during the same episode of care, unless benefits have been exhausted.
- Superbills with CPT codes to submit to insurance are not available for private pay appointments.

X _____

Initials

Assignment of Benefits/Authorization to Release Medical Information, Consent to Treatment: I hereby assign all medical benefits to which I am entitled to Good Health Physical Therapy & Wellness in the event they file insurance on my behalf. I understand that I am financially responsible for all charges regardless of payment from my insurance. If my account becomes delinquent (over 90 days past due) and is therein default, I accept responsibility for the principal amount owing as well as all reasonable costs associated with the collection of this debt. This includes but is not limited to collection service fees of \$20.00 per balance transferred, attorney's fee, and all court costs including additional legal fees associated with the recovery of this debt. All balances must be paid off within one year from the first date of service. I understand that there is a fee for all returned checks as allowed by state law. I hereby authorize said assignee to release all information necessary to secure payment of said benefits, and I do hereby consent to such treatment by the authorized personnel of Good Health Physical Therapy & Wellness as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment exception acts of negligence.

X _____

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Privacy Practices: A copy of HIPAA policy & procedures and Red Flag Rules have been provided.

X _____

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Cancellation/No Show/Late Arrival Policy: Cancellation of a one hour appointment requires 24 hours prior notice. If an appointment is on a Monday, cancellation notice must be given on the Friday prior. Please see our full posted Cancellation, No Show, and Late Arrival Policy that includes associated fees. A copy of the policy for your records has been provided.

Patient Name _____ Date of Birth _____

Signature _____ Date _____

Parent/Guardian Name _____ Relationship: _____
(if applicable)