**Policies/Payment**

In order to provide you and others with the highest level of care, it is essential that you arrive to your appointment on time. In the event that you are late, your evaluation or treatment time will be shortened in order to accommodate the next patient, and **the full charge will be incurred**. In order for physical therapy to be effective, it is imperative that you attend your sessions as scheduled and carry out the home program assigned to you.

We understand that unforeseen events may arise. To avoid a **no-show fee of** **$45.00**, please give us at least 24 hours notice of your need to cancel/reschedule your appointment.

A payment of **$200** per visit will be charged at time of service. You can pay via credit card, debit card, cash, or check. We will not bill you or your insurance company directly. If you have out of network benefits and choose to seek reimbursement from your health insurance company on your own, a superbill including diagnosis and procedural codes will be provided to you. This will be needed when you file your claim. **It is recommended that you contact your insurance company to verify your coverage** and to determine any other documentation that may be required for reimbursement (ie: physician referral, additional clinical documentation). If you do need additional documentation, please notify your therapist at the beginning of your appointment.

**Direct Access.** Direct access means that you can be seen by a Physical Therapist licensed in the State of California for 12 visits or for 45 days, **whichever comes first,** without a physician referral. If you were to need additional care beyond that point, you would need to obtain a referral from your physician. Some insurance companies will still require a physician referral for reimbursement despite direct access. **Please contact your insurance company to determine your coverage, and what their specific requirements for reimbursement are.**

A paper skirt will be provided to you at your initial appointment, this is yours to reuse if you would like. You may also choose to wear a skirt of your own that allows easy movement and access to your perineum. In order to minimize waste, only one skirt per patient will be provided.

I understand these policies and will adhere to them to the best of my ability.

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_ (Please Print)

**Patient or Parent/Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_