



Patient Financial Terms

Please Read – IMPORTANT

Welcome to Restore Motion. We provide physical therapy services for a wide variety of medical problems. Your insurance company may require that treatment be rendered only upon a script from a physician, dentist, or podiatrist. This script should be provided to us on your initial visit to our clinic. These scripts are generally valid for one month unless otherwise stated.

Appointment Information

- Appointments will usually last 45 to 50 minutes.
- Please arrive promptly for each scheduled appointment. If you are more than 10 minutes late, your therapist's schedule may prevent you from being treated.
- If after two "no show" events, you do not call to cancel and "no show" for your visit, we reserve the right to charge you the full session amount and cancel all subsequent visits.
- Restore Motion requires a cancellation prior to 3:00pm 2 days the preceding business day for cancellation of scheduled appointment and I may be financially responsible for later cancellations and missed appointments (no shows). We reserve the right to charge for time reserved without proper cancellation. The cancellation fee is \$170.

We must emphasize that as medical providers, our relationship is with you. Payment can be in the form of cash, check or credit card.

I understand and agree that I am financially responsible for full payment of my bill of services.

_____ Initial

I understand the cost of therapy is as follows:

\$170 First Initial Evaluation visit

\$170 Follow-up visit

_____ Initial

I understand that Restore Motion will provide an itemized invoice with information that may be used to file for reimbursement with my insurance company.

_____ Initial

I understand the Restore Motion financial policy and responsibility for my account.

This AGREEMENT is executed by me as of the ___ day of _____, 2011.

Patient Signature

Patient Name Print

Witness Name Print

Witness Signature