



**Patient Financial Terms**

Welcome to PT by Marge. You will be receiving Physical Therapy for a wide variety of problems and conditions. Your insurance company may require a prescription from a physician for physical therapy treatment. This prescription should be provided to us on your initial visit. The prescriptions are generally valid for one month unless otherwise stated.

**Appointment Information**

- ❖ Appointments will usually last for 60 minutes.
- ❖ Please arrive promptly for each scheduled appointment.
- ❖ PT by Marge requires a cancellation 24 hours prior to your scheduled appointment. I reserve the right to charge for time reserved without proper cancellation.

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:

**\$145** First Initial Evaluation visit.

**\$135** Follow-up visit.

\_\_\_\_\_ **Initial**

I understand the PT by Marge financial policy and responsibility for my account. This AGREEMENT is executed by me as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Patient Signature:** \_\_\_\_\_

**Witness Name Print:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_