

## Pro Bono Policy: Physical Therapy Clinic

To qualify for pro bono physical therapy services you must meet one of the following criteria:

1. Meet the eligibility criteria for the 2020 Federal poverty level:

Persons in family/household	Poverty Guideline
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

2. Have no health insurance coverage due to homeless status.

3. Have been referred to the pro bono clinic by Love INC or Virginia Garcia.

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### You do not qualify for pro bono services if:

You have any health insurance other than OHP.

You have the means to obtain health insurance but have opted out of insurance coverage.

You have Medicare, private insurance, worker's compensation or have a claim that is in litigation.

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### I verify that I:

I meet the federal guidelines for poverty \_\_\_\_\_ (initial)

I do not have insurance due to homeless status \_\_\_\_\_ (initial)

I have been referred by: Love INC \_\_\_\_\_ (initial) Virginia Garcia \_\_\_\_\_ (initial)

### I further attest to the following:

I do not have any health insurance other than OHP.

I do not have the means to obtain health insurance.

I do not have Medicare, private insurance, worker's compensation or have a claim that is in litigation.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

## Self-Pay Policy: Physical Therapy Clinic

George Fox Physical Therapy may not be a provider with your insurance plan. We offer a self-pay program for persons with these plans. We will give you an invoice to submit to your insurance company for reimbursement or to apply to your deductible.

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**Note:** Our services may be cheaper than other providers, especially if your deductible has not been met (check with your provider). You will not be charged *more* for services than the fees listed below. The same practice may not be followed at other physical therapy clinics in the area and your fees may be greater.

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**Our fees:**

- Initial Visit (includes your evaluation and treatment): \$125
- Follow-up Visit: \$75

Self-pay fees are due at the time of service. We accept: cash, check, debit, credit (Visa, MasterCard).

We are not able accept cash from persons with Medicare or Medicare supplement plans, those involved with a lawsuit, or persons who have an open, pending or closed worker's compensation claim.

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**I have read the above and verify that:**

I understand that my insurance will not be billed on my behalf. \_\_\_\_\_ (initials)

I do not have Regence insurance or any Regence plan that covers physical therapy. \_\_\_\_\_ (initials)

I do not have Medicare insurance, a worker's compensation claim or any claim that is in litigation.  
\_\_\_\_\_ (initials)

I agree to pay in full for physical therapy services at the time of service. \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_