



CONSENT FORM

I understand that this is an evaluation and treatment, which includes a physical exam and will not hold Kaye Fox or Hands On Physical Therapy liable. I have been informed that following the treatment there is a chance that I may have some soreness and a change in symptoms.

PAYMENT POLICY

Hands On Physical Therapy will not bill insurance companies, but the invoices will be appropriately coded, so that you may submit them yourself for reimbursement.

Payment will be expected at the time of the appointment in the full amount. Check or cash will be accepted.

If you pay by check and your check bounces, there will be a \$25 dollar fee in addition to payment in full covering the check. In addition, you will be seen on a cash only basis in the future.

APPOINTMENT POLICY

You will be charged a flat fee for the period of time for which you are scheduled even though your treatment may not last that long.

If late for an appointment, you will be charged for the entire allotted time. Treatment time will consist of the remainder of your original scheduled time frame, therefore causing no inconvenience to the next person.

If you are unable to make your appointment, please call at least 24 hours in advance to reschedule. If, for example you have the flu or there's a snowstorm, etc., less than 24 hours notice will be acceptable.

If you do not show for your appointment or call to reschedule or cancel, you will be charged a \$60.00 fee. This will be collected on or before your next appointment.

I have read the above and agree to the above conditions.

Signature: _____ Date: _____

Representative Signature: _____ Date: _____