



**Above and Beyond Physical Therapy Inc.**  
**Patient/Client Agreement**

Please read and sign the following agreement. It explains our payment of services, scheduling, cancellation and home visit procedures and policies. If you have any questions please ask for clarification.

**PAYMENT OF SERVICES:**

- Payment of all fees is due at time of service. You can pay by cash, check, Venmo or Zelle. We CANNOT take any insurance for payment of services and CANNOT submit claims to your insurance company, however, as long as you are NOT a Medicare patient you can submit claims yourself to your healthcare. You will need to check with your personal insurance plan on if they will reimburse you and their specific requirements for reimbursement. We have a SELF- REIMBURSEMENT notice and WORKSHEET for your convenience to assist you with this process.
- If you are a MEDICARE patient, you will need to read and sign our Medicare patient notice.

(    ) I WILL be submitting receipt of payment to my insurance for reimbursement.

(    ) I WILL NOT be submitting receipt of payment to my insurance for reimbursement.

(    ) Other: \_\_\_\_\_

**SCHEDULING and CANCELLATIONS:**

- Appointments are to be scheduled in advance and any cancellation must be done 24 hours before the appointment time. Missed appointments without 24 hours notification are subject to a cancellation fee of \$25 that must be paid at the following appt or a billing invoice will be sent to you.

**I have read and understand this agreement.**

\_\_\_\_\_  
**Patient or Responsible Party**

\_\_\_\_\_  
**DATE**