

IPA PHYSIO DALLAS 469.782.9978 DALLAS@IPA.PHYSIO WWW.IPA.PHYSIO

## PAYMENT AND CANCELLATION POLICY

## PAYMENT:

All treatment sessions are one-on-one for 60 minutes. Fees are as follows:

- Initial Evaluation: \$220
- Subsequent Follow-up Treatments: \$195

Payment is due at the time services are rendered. Payment may be made by cash, check, or credit card. A credit card is required to be kept on file. However, cash and/or check payments are also accepted following the rendered services, if requested.

IPA Physio Dallas is an out of network provider of physical therapy. As a courtesy IPA Physio will submit claims to your insurance provider. Patient reimbursement is based on out of network physical therapy benefits. Should a problem be encountered, it is the patient's responsibility to communicate with their insurance company and attempt to resolve any issue. IPA Physio will assist, to the best of its ability, by communicating with the patient's insurance company and by providing any clinical documentation required to process patient's physical therapy claims. IPA Physio cannot guarantee reimbursement. IPA Physio is not a Medicare provider, we do not submit to or communicate with Medicare.

## CANCELLATION POLICY:

The Cancellation Policy is as follows:

- · IPA Physio has a 24-hour cancellation policy
- All appointments canceled less than 24 hours will be charged a cancellation fee equal to the amount of the planned session.
- Any missed appointment will be considered to be canceled within 24 hours and hence will be subject to this policy.

My signature below indicates that I have read and understood the IPA Physio Payment and Cancellation Policy:

Patient Name ( <i>please print</i> ):	
Signature:	_ Date:
Credit Card on File: I hereby authorize IPA Physio to automatically charge my credit card for the portion of the services that is my responsibility and/or any cancellation/no-show charges that may apply in accordance with IPA Physio's Cancellation Policy.	
Credit Card Number:	
Expiration Date:/ (MM/YY)	CVV:
Signature:	Date: