



www.infinitemotionpt.com

970.444.2231

Payment Policy: *FEE FOR SERVICE PRACTICE*

Your initial evaluation is \$150 and follow-up visits are \$120 for hour and \$75 for half hour.

Standard follow-up visits are approximately 1 hour in length. This practice is set up to provide one-on-one care in a longer visit than a standard physical therapy clinic. Our intention is to see you for fewer total visits and ultimately be more cost effective. There are some conditions or injuries that may respond to more frequent treatment for a shorter duration and therefore, we do offer shorter visits for established conditions this will be discussed with your therapist.

***Payment, in the form of cash, check or credit card, is due at the time of each visit.**

Infinite Motion Physical Therapy is an **out-of-network physical therapy practice** and is not contracted with any insurance companies. However, payments you make may be reimbursed by your insurance company under your out-of-network physical therapy benefits. Payments you make may also count towards your yearly out-of-pocket deductible. We are able to provide you with a detailed "superbill" to submit to your insurance provider. The insurance company will then reimburse you directly. Due to the complex nature of insurance claims and reimbursement, no promises can be made as to whether you will receive reimbursement for your treatment at Infinite Motion. We will assist you in every way possible.

-I understand it is my responsibility to call my insurance company ahead of time to obtain any pre-authorization that may be necessary, and ask for estimates of my benefits **Initials** _____

-I understand that upon request my therapist will provide me with a receipt/Superbill that I may submit to my insurance company. **Initials** _____

-I understand that I will NOT be able to submit for reimbursement from Medicare, as these visits are classified as wellness. **Initials** _____

-If additional billing is being used such as motor vehicle insurance or other you are responsible for all costs even if available funds are exceeded. **Initials** _____

Cancellation & No Show Policy

All cancellations must be made 24 hours prior to your appointment. If you do not show up for your appointment or cancel within 24 hours, you will be responsible for 100% of the cost of the session.

-Cancellations may be done via email, text or phone

-There is a waitlist in place, earlier notice of canceled appointments assists those who are waiting. Please be respectful of this, it is for the benefit of all of the patients

-Note that if late cancellations or late arrivals to scheduled appointments become a chronic occurrence, we reserve the right to cancel upcoming appointments and offer them to patients who demonstrate a strong commitment to their physical therapy.

-Special Circumstances will be considered

I have read and understand the above policies,

Printed Name: _____

Signature: _____ Date: _____