PATHWAYS PHYSICAL THERAPY, INC.
FINANCIAL AGREEMENT

Treatment is fee for service. I understand that I will pay at the time of service.

If I have Medicare as my primary insurance, Pathways will not be able to provide me with codes or a Superbill. Since PATHWAYS is not contracted with Medicare, I, or anyone in my family will not be able to bill Medicare for my treatments. I agree to sign a contract in this regard.

For all other insurance carriers: If I have out of network coverage, I will be provided with a Superbill with the appropriate codes so I may be personally reimbursed.

Refunds will not be made after services are provided.

Payments may be made by credit card, debit card, check, or cash. Returned checks will be charged $35.00.

The cancellation policy stipulates notification 24 hours before my scheduled appointment. I understand that I must adhere to the stated cancellation policy. Exceptions may be granted for adverse weather conditions or illness. All cancellations must be made 24 hours before my appointment to avoid a charge equal to the cost of the appointment.

I understand that NO SHOWS and LATE CANCELLATIONS are to be charged the full cost of the appointment. If I no-show or cancel late two times, it may be cause for being discharged from the practice.

I agree to make all communications regarding appointments and cancellations by PHONE to the office and NOT by text or email.

I acknowledge the above and agree to the terms of this agreement.

Signature_____

Print Name_____ Date_____

PATHWAYS PHYSICAL THERAPY appreciates being an advocate for your care and well-being!