

**PATHWAYS PHYSICAL THERAPY, INC.  
WELLNESS/MAINTENANCE/PREVENTION PROGRAM**

**Treatment is strictly for payment for service and not to be billed to insurance.**

**All appointments are paid for by me at time of treatment with no Superbill or codes provided to me or my insurance company.**

**According to the insurance companies, this treatment is not considered medically necessary. Therefore, Pathways does not keep medical records on file for me and are unable to provide me with any records or invoices for the date of service.**

**Refunds will not be made after services are provided. If I wish to make a claim to my insurance carrier, it will require making a new appointment.**

**Payments may be made by credit card, debit card, check, or cash. Returned checks will be subject to a \$35 fee.**

**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!**