

## Smooth Moves PT Financial Policies

- ❑ Smooth Moves PT does not contract with any health insurance plans. Payment for services will be due at time of service, in the form of cash, check, or credit card. The initial evaluation and subsequent visits last approximately one hour. The initial visit fee is \$150 and subsequent visits are \$120 per visit. We will provide you with a receipt for services which you may submit to your insurance carrier for reimbursement if your plan allows. Smooth Moves PT will be considered **OUT OF NETWORK** with all health insurance plans.
- ❑ We are not participating in the Medicare program. We cannot see Medicare patients for Medicare covered services. We do offer a Wellness/Maintenance Program for our Medicare patients for conditions that are NOT covered by the Medicare program and therefore can NOT be billed to Medicare.
- ❑ Patients are seen by appointment only and scheduling is based on a first come, first served basis. It is advisable for you to schedule your appointments in four to six week intervals. Scheduling is done on-line through the Bodycenter Studios website ([www.bodycenterstudios.com](http://www.bodycenterstudios.com)), in person with me or your Bodycenter Studios Pilates instructor, or by phone (206-799-5986). No reminder calls are made, although the scheduling program will send you a reminder email; please make note of your visits when you schedule!
- ❑ If you need to cancel an appointment, please cancel at least 24 hours beforehand, or you will be charged \$50 for that missed visit. There are often many patients who are waiting for your slot! This policy also applies for you not showing up for your appointment. I realize that emergencies do occur – late cancellation due to illness or family emergency won't be billed. Payment for no show or late cancelled appointments will be due prior to being seen for your next visit.

### **PATIENT CONSENT AND RELEASE OF MEDICAL BENEFITS AUTHORIZATION**

I hereby consent to evaluation and treatment by Smooth Moves Physical Therapy. I understand that I am financially responsible for all charges for services rendered regardless of litigation, insurance reimbursement, or pending Labor and Industries claims. I understand the parent accompanying a minor for treatment will be responsible for payment. I authorize Smooth Moves Physical Therapy to release any necessary information requested by my insurance carrier and authorize payment directly to Smooth Moves Physical Therapy for any benefits available under my insurance plan.

I understand my financial responsibilities as described above.

Signed \_\_\_\_\_ Date \_\_\_\_\_