



**CANCELLATION POLICY /
FEE SCHEDULE /
CONSENT TO TREAT**

Cancellation Policy

Great Falls Physical Therapy requires 48-hours' notice for all cancellations. Patients who do not provide 24-hours' notice will be responsible for a 50% late cancel fee. Cancellations within 4 hours of your scheduled appointment time or patients who do not attend a scheduled appointment will be responsible for the full 100% fee. Please refer to *the Attendance Policy* for more information.

Fee Schedule:

PT Evaluation: \$220

PT Follow Up: \$200

*Re-evaluation add \$10

As a courtesy, GFPT submits all claims on your behalf and insurance reimburses you directly.

Payment Policy

GFPT requires payment for all services at the time of the treatment session. If payment is not given after 2 treatment sessions, a patient/client will not be able to receive further treatment until the balance is paid in full. If the cost of treatment is too great the patient/client may inquire about plans and options to allow continued care.

Consent to Treat

I consent to the procedures which may be performed at my physical therapy evaluation and during the duration of treatment.

Signing below indicates that you understand and agree to the terms of this policy.

Signature of Patient or Responsible Party

Date

Printed Name