

Great Falls Physical Therapy (“GFPT”) prides itself on offering one-hour, individualized sessions in a one-on-one environment with a Doctor of Physical Therapy. For this reason, GFPT is an out-of-network (“OON”), non-participating (“NONPAR”) provider. This means that we have not agreed to accept the insurance-approved amount as full payment for covered services.

FEE SCHEDULE

- PT Evaluation: \$220
- PT Follow-Up: \$200
- Re-evaluation: \$210

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 two 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 high, the patient or client may inquire about payment plans and other options to facilitate continued care.

CONSENT TO TREAT

I consent to the procedures that may be performed during my physical therapy evaluation and throughout the duration of my treatment

CANCELLATION POLICY

Our services are offered by appointment only. When a patient does not attend a scheduled appointment, the provider is still compensated, and the cancellation fee helps offset this cost. Rescheduling with less than 24 hours’ notice—even within the same week—significantly limits or prevents the provider from offering that time to another client. For this reason, a minimum of 24 hours’ notice is required for all cancellations or rescheduling.

- Changes made **>24 hours** before the scheduled appointment will not incur a charge
- Changes made **<24 hours** before a scheduled appointment incur a 50% fee
- Changes made **<4 hours** before a scheduled appointment time, or failure to attend a scheduled appointment (no-show), incur a 100% fee.

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

Patient Name: _____

Date: _____

Patient Signature: _____