

51 West Elliot Rd.,
Suite 104
Tempe, Arizona 85284

Phone: 602-206-8261
E-mail: mya@selfsolace.com
www.selfsolace.com

Self Solace Physical Therapy, Inc.

Financial Policies and Patient Responsibilities

Self Solace Physical Therapy, Inc. is a cash-based practice. You will be expected to pay our cash-based fee at the time of service.

Self Solace Physical Therapy, Inc. is a physical therapy practice and the treatment sessions are billable to insurance. Upon request you will be provided with the appropriate paperwork to submit to your insurance company for possible reimbursement. This is **not a guarantee** that the insurance company will pay. It is your responsibility to understand your agreement with your insurance company. If you need assistance with important questions to ask your insurance company to understand your benefits, feel free to contact us.

The patient/guardian grants Power of Attorney to Self Solace Physical Therapy, Inc. to deposit check payments issued by my insurer written in two party payee format.

The patient/guardian is responsible for all charges incurred in the course of treatment.

The patient/guardian may request a copy of charges at any time.

Cancellations are taken very seriously at Self Solace Physical Therapy, Inc. When making an appointment with Self Solace Physical Therapy, Inc. that time slot is then reserved for you alone. If you then fail to keep that appointment you hurt yourself, the therapist who has saved that time slot for your appointment, and any patient that may have benefited from the therapy session that you scheduled for. For this reason Self Solace Physical Therapy, Inc. requires 24 hours notice for all cancellations. Without 24 hours notice you will be charged a \$50 cancellation fee.

I understand and have had my questions answered regarding these policies and responsibilities. I acknowledge and agree that I am responsible for any and all portions of my bill not paid by insurance.

Patient/Guardian Signature

Date

Printed Name