



## PATIENT INFORMATION and FINANCIAL POLICIES

Indy Women PT has elected not to be an in-network provider for insurance companies. Instead, we provide physical therapy on a “fee at time of service” basis. By removing ourselves from an in-network/contracted status with the insurance companies, we do not have to limit the time or quality of treatment we provide because of insurance company restrictions or elevate my rates to pay for billing services. Additionally, we have the flexibility to assist patients in financial need.

**Prior to your first scheduled appointment, call your insurance company to completely understand your physical therapy benefits.** Attached in the patient forms section online you will find an insurance company worksheet to help you ask the insurance company the right questions about your physical therapy benefits. At the time of service and payment, you will receive a written statement which you can submit to your insurance company for their consideration of reimbursement to you. We will be happy to provide chart notes or other documentation at your—or your insurance company’s—request. The amount of reimbursement you receive will vary according to the terms of your insurance policy. I cannot make guarantees regarding what reimbursement your plan allows.

I accept cash, check or credit card at the time of service. My fees are based on time spent with you and the treatments performed during your appointment. The fee ranges are:  
\$ 135.00 for initial evaluation/75-90 minutes  
\$ 116.00 for hour appointments  
\$ 87.00 for 45 minute appointments  
\$ 58.00 for 30 minute follow-up visits  
\$ 50.00 for cancellations with less than 24 hours’ notice

Patients are responsible for knowing their scheduled appointments as reminder calls may not be made.

We are not a contracted Medicare provider. Therefore, by signing this document, you are confirming that you are not a current Medicare Part B recipient.

A copy of our Notice of Privacy Practice is available upon request.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_