

A. FOX Physical Therapy, P.C.

Innovative Therapies...Caring Treatment

— **Insurance Verification**

We offer to pre-certify your insurance coverage prior to commencement of your care. This is a courtesy. It is ultimately your responsibility to know and understand your insurance and we highly recommend you contact your carrier to verify it as well.

If you have further billing questions, you may contact our billing company, Flatirons Practice Mgt. 303.564.9158.

— **24-Hour Minimum Notice for a Cancellation is required**

If you wish to cancel your appointment, we request that you contact our office 24 hours prior to your appointment so that we may schedule another patient at that time.

*We are considerate of your time, please be considerate with ours.
A \$50 charge may be added to your account balance.*

— **NO Show Policy**

If you do not show up for your appointment and do not call to cancel, a \$50 fee will automatically be charged to your account balance.

— **Co-pays and deductible percentage* (*calculated if you have a deductible).**
*Payment is due upon arrival for services and will be collected prior to your appointment. **It is against the law to avoid paying these insurance co-pays and deductibles.*

— *To continue to provide the highest quality of care, there may be times when various products or services will be recommended but are not covered by your insurance. You will be notified of the recommendation and you may then purchase if you choose. (Price list for common Products and Services is located at the bottom of the page).*

I Have read the above information and will comply with these policies.

Signed: _____

Date: _____

NP supply fee	\$10
Iontophoresis supplies	\$15
Theraband 5 Foot Piece	\$5
Foam Roller	\$32.00
Range master Pulley	\$33.00
SI Belt S/M	\$44.00
SI Belt L/XL	\$49.00

