

A. FOX Physical Therapy, P.C.
Innovative Therapies...Caring Treatment

#12297 Pennsylvania Street Ste #3 Thornton, CO 80602
Phone (303) 252-9400, Fax (303) 255-9555

PRIVATE PAY CONSENT

Please Check One:

_____ A. Fox Physical Therapy, P.C. has verified my insurance coverage and I have willingly elected to privately pay (cash pay) rather than process my treatment costs through my insurance plan.

_____ I have notified A. Fox Physical Therapy, P.C. that I do not have current insurance coverage and therefore have elected to privately pay (cash pay) for services rendered.

_____ I have chosen to purchase a package of visits with the understanding that a discount is given because I have paid in full the stated amount ahead of time. I understand that if I purchase a package of visits it will expire after one year from the date of purchase if all purchased visits have not been used and a refund will not be given.

Print Name

Date

Signature