



SELF-PAY

**MIDWEST PHYSICAL THERAPY
AND SPORTS CENTER**

BILLING INFORMATION

Moving you to wellness.

Please print clearly. To insure that the proper parties are billed- please answer the following questions and sign. Thank you!

Patient's name: _____ **SS#:** _____

Student: No / Yes - School name: _____ Full Part time

Do you have Medicare coverage? **Y / N** Do you have an attorney working on your case? **Y / N**
(IF YOU ANSWERED 'YES' TO EITHER OF THE ABOVE QUESTIONS, PLEASE INFORM THE RECEPTIONIST)

What will we be treating you for? _____

How did the injury/condition occur? _____

Injury occurred at (please circle): Home / Work / School / Church / Gym / Sporting event / Other: _____

SELF-PAY REQUIREMENTS

If you are self-paying your treatment, you are required to pay a minimum of \$106.00 on your first visit. This is for your evaluation and does not include any other treatment that may be provided to you on that day. If additional treatment is provided, you will be billed for that amount on a monthly statement.

You are required to pay a minimum of \$ 50.00 on each subsequent visit. Again, this may not cover all treatment provided on that day. If this does not cover all treatment charges, you will be billed for the remaining amount on a monthly statement.

Once the therapist evaluates you, an *estimation* of your daily treatment charges can be figured to give you an idea of the cost of your treatment. You may pay more than the required amount to us at any time during your treatment.

We will accept cash, check, VISA or MasterCard. A payment plan can also be arranged to fit your budget. If you should have any questions regarding your billing, please do not hesitate to ask—we will be glad to help you.

Patient/Guarantor Signature: _____ Date: ____ / ____ / ____

I have read and agree to the above statement of self-pay policy.

Thank you for choosing Midwest Physical Therapy to provide your treatment.

Signed copy given to patient/guarantor