

# TherapyWorks

## PRIVATE PAY AGREEMENT

I understand that I will be paying cash for all physical therapy treatments at my request. In order for TherapyWorks to extend our low "private pay" rates, **we can not provide any medical billing** at any time. TherapyWorks only extends this offer to patients who do not have or wish not to use health insurance.

Initial\_\_\_\_\_

By signing this agreement, I am opting to not bill or seek reimbursement from medical insurance for these dates of service.

Initial\_\_\_\_\_

**Please be prepared to pay for services rendered when you sign in.**

Initial\_\_\_\_\_

Rates are as follows:

Evaluations and 1 hour sessions: \$120.00

45 minute sessions: \$105.00

30 minute sessions: \$90.00

Patient Signature\_\_\_\_\_Date\_\_\_\_\_