



FINANCIAL POLICY & AGREEMENT

Last Name: _____ First Name: _____ Date of Birth: _____

Our goal at Discovery Therapeutic Services, LLC is to provide you with **choices & flexibility** to meet your therapy needs. Our goal is to help you remove barriers to accessing therapies. We ask that you keep us apprised if paying for your therapy becomes a challenge. We are here to help. Ultimately though, you are responsible for the cost of your examinations and/or treatments in the event that your insurance company denies your claim.

****CANCEL/NO SHOW POLICY**** We understand that life happens. Please allow **24 hours notice** should you need to cancel an appointment. Cancelling/No Show in less than 24 hours **for any reason**, will result in a **\$50 charge** assessed to your account. After two missed appointments, we reserve the right to terminate our therapy relationship.

Initial

We offer the following payment options: (Choose One)

INSURANCE: We are credentialed as an In-Network provider with the following insurances for Physical Therapy services--- all of which are provided by a licensed physical therapist: (Please circle if you will be using one of these insurances for PT)

- Medicare*
 - Medicaid*
 - Premera*
 - Blue Cross/Blue Shield*
 - Kaiser Permanente*
 - Molina*
 - TriCare*
 - TriWest*
 - Provider One*
 - Regence*
 - Washington State L&I (with restrictions)*
- MVA/PIP **Third Party Payors are Strictly Prohibited*

PRIMARY INSURANCE:

Policy Number: _____
Employer: _____

Group Number: _____
Co-Pay Due at time of service: _____

SECONDARY INSURANCE:

Policy Number: _____
Employer: _____

Group Number: _____
Co-Pay Due at time of service: _____

Initial

SUPER BILL: If your insurance is not listed above, you will be responsible for paying the balance of your account for physical therapy services. We would be happy to provide you with a **Super Bill** that you can submit to your insurance company for reimbursement in accordance with their policies.

Initial

CASH PAY: To help you manage your own health care we have a variety of options for self-pay at a discounted rate-

Our Fee for Services are as follows with the cash pay discount:

PT: Initial Evaluation- 1 hour: \$125	50 Minute Physical Therapy Treatment: \$ 75
50 Minute Aquatic Therapy Session: \$85	Spiritual Direction Session: \$75

Discovery Therapeutic Services Value Card. \$490

Seven (7), 50 minute Therapy Sessions (Aquatic and/or Physical Therapy) at a discounted rate. **CASH PAY ONLY**

This card will provide you with the greatest flexibility! After an Initial PT Evaluation (paid for separately)- you and your therapist will derive the best course of your treatment given your situation. These pre-paid cards will allow you the flexibility to meet your physical, aquatic therapy and spiritual direction needs on your schedule.

Initial