



PROCEDURES AND FINANCIAL POLICY

Thank you for choosing **Avant Physical Therapy**.

By signing this policy, you grant permission to the physical therapists of **Avant Physical Therapy** to perform examinations and therapeutic procedures professionally deemed necessary or advisable for appropriate evaluation and treatment of your condition.

Good communication regarding our financial policy assists in providing the best service to you. Please read carefully and sign below.

Avant Physical Therapy has a strict 24-hour cancellation policy. This much notice allows other patients the opportunity to schedule in the time vacated by your cancellation. A fee will be charged for missed or cancelled appointments without 24-hour notice prior to the start time of your appointment. The fee for these cancelled or no-show visits are as follows:

- **First missed appointment: \$50.00**
- **Second missed appointment: \$100.00**
- **Three or more missed appointments: \$125.00**

These charges cannot be paid for by your insurance. This policy applies to any no show or cancellation, regardless of reason or illness. If you miss 3 appointments without proper notice, all future appointments may be cancelled.

_____ *Initial here to show your acknowledgement of the above-named policy*

You are financially responsible for your copays, coinsurance, and any balance unpaid by your insurance company. Balances unpaid after 30 days must have payment arrangements with our billing office and will accrue a 1% (12% annually) finance charge each billing cycle. Balances unpaid after 90 days will be turned over to collections. If it is necessary to forward your unpaid balance to a collection agency, you agree to pay interest, collection fees, and/or attorney fees. Checks returned without sufficient funds will be charged a \$35.00 fee.

I HAVE READ AND UNDERSTAND THIS INFORMATION AND AGREE TO COMPLY WITH THE POLICIES SET FORTH HERE.

Signature

Date