

LILIAN HOLM WELLNESS PHYSICAL THERAPY AND HEALTH COACHING

Terms and conditions for receiving Physical Therapy and Personal Training services with Lilian Holm, PT, DPT

PAYMENT POLICY

I, _____ agree to pay Lilian Holm, PT, DPT in full for any and all physical therapy (PT) or personal training services rendered. I understand that charges for my PT services will be submitted to BCBS or Medicare as a courtesy. This does not in any way change my responsibility for payment of my services. Any charges not covered by my insurance policy are my responsibility and I agree to pay them *immediately* upon receipt of a bill for said services.

Cancelled self-pay appointments will be refunded minus the Square processing fee.

In the case of self-pay, I agree to pay for my services in full at the time of the service. I have read, understand and agree to the above conditions and terms.

Name (print) Name (signature) Date:

CANCELLATION POLICY

I, _____ agree to cancel any scheduled physical therapy or (PT) or personal training appointments no later than 24 hours prior to the scheduled appointment. Cancellations made later than 24 hours prior to the scheduled appointment time, as well as no-shows, will result in a \$155 cancellation fee (the cost of the service) payable before the start of the next PT session. In the case of personal training, the fee will not be refunded for late cancellations. The cancellation policy will be in effect *regardless of the cause of the late cancellation or no-show*. Please refer to www.lilianholm.com for answers to any questions you may have about the cancellation policy.

I have read, understand and agree to the above conditions and terms.

Name (print) Name (signature) Date: