

LILIAN HOLM WELLNESS

PHYSICAL THERAPY AND HEALTH COACHING

Terms and conditions for receiving Physical Therapy 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) 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.

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 (PT) appointments no later than 24 business hours prior to the scheduled appointment. Cancellations made later than 24 business 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.

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: