



Cancellation and No Show Policy

All cancellations need to be made 24 hours prior to your appointment. If you do not show up for your appointment or cancel within 24 hours, you will be responsible for the full price of the session.

Payment Policy

The cost of an initial evaluation is \$130 and follow-up visits are charged at a rate of \$30/15 minutes. Standard follow-up visits are 1 hour in length (\$120). Our practice is set up to provide one-on-one care in a longer visit than a standard physical therapy clinic. Our goal is to see you for fewer total visits and ultimately be more cost effective. There are some conditions/injuries that may respond to more frequent treatment for shorter duration and therefore, we offer shorter visits for established conditions with the approval of your physical therapist.

Payment, in the form of cash, check or credit card, is due at the time of each visit unless you are a Medicare beneficiary*.

MEND is an out-of-network physical therapy practice and is not contracted with any commercial insurance companies. You may receive reimbursement from your insurance company for payments you make to MEND depending upon your out-of-network benefits. Payments you make may count towards your yearly out-of-pocket deductible. MEND will provide you a detailed "superbill" to submit to your insurance provider. The insurance company may then reimburse you directly depending on the details of your plan. Due to the complex nature of insurance claims and reimbursement, no promises can be made as to whether you will receive reimbursement for your treatment at MEND.

*MEND is a participating provider with Medicare. If you are a Medicare beneficiary, we will bill Medicare for your physical therapy care and invoice you for any remaining balance not covered by Medicare or your secondary insurance provider in accordance with the Medicare physician fee schedule for participating providers. In order to bill Medicare, we will need a copy of your driver's license and Medicare insurance cards at your first visit.

We will assist you in every way possible. Payment is due at the time of service.

I have read and understand the above policies:

Name _____

Signature _____ Date _____

Thank you for your cooperation and business.