



## 10 VISIT PACKAGE: \$500.00

### Waiver of insurance billing:

You have registered as a cash / private pay patient. This means you will be paying by credit card per the contract terms. We will not bill insurance for services provided under this arrangement. No claim forms will be produced now or in the future for you or us to submit for insurance billing.

### Contract terms:

- You will be charged **\$500.00** and will receive up to 10 sessions (1 initial consultation plus up to 9 treatment sessions). A credit card must be kept on file if you are unable to pay in full on the first visit. Minimum acceptable payment is \$75 for the initial visit and \$65 each subsequent visit, due at the time of each visit until contract is paid in full.
- Visits must be used within a one month period from the date of the initial consultation.
- If you have visits remaining but have neglected to schedule future appointments, the full remaining balance will be charged to your card on the Monday following your last scheduled appointment unless other arrangements are made in writing.
- Physical therapy session or consultation will be up to 40 min.

### Physical therapy session has to meet below criteria:

1. Plan of care has to be determined by licensed Physical Therapist during the initial evaluation;
2. Treatment plan has to be medically necessary and has to be determined by licensed Physical Therapist;
3. Massage, if medically necessary, will be provided only to the body part determined during the initial assessment

### Necessity for a physician order:

- You do not need a MD order for a consultation;
- You do not need a MD order if you saw your MD for the reported problem within last 12 months;
- You will need a MD order if treatment for your current complaint will continue beyond 30 days;
- You will need a MD order if no substantial progress is made in 15 calendar days or 6 visits
- You will need a MD order if you return within 90 days of treatment with the same complaint

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Address: \_\_\_\_\_

Membership Dates: \_\_\_\_\_

\*By signing below you agree to the contract terms outlined above and have authorized Beyond Physical Therapy to charge the above credit card for payments per the contract terms. This contract is legally binding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9257 Middlebrook Pike, Knoxville, TN 37931

Phone: (865)566.0100

Fax (865)566.0099