



OFFICE POLICIES

We are pleased that you have selected ITR Physical Therapy for your pelvic and musculoskeletal physical therapy needs. As part of your care we ask that you carefully read the following. Please initial in the space provided near each paragraph and then sign below.

1. _____ **Payment:** Payment is to be made at the time of service in the form of check, cash or credit cards. The fee for an initial evaluation is \$180 and all follow up treatments are \$165/hour.
2. _____ **Appointments:** Appointments are scheduled for one hour. Hands on treatment time is actually ~ 55 minutes with the remaining time for dressing and administrative tasks (billing and documentation).
3. _____ **Insurance:** ITR physical Therapy does not participate with any insurance company or Medicare. It is each patient's responsibility to submit claims for reimbursement to their insurance company. ITR Physical Therapy will give you a superbill or receipt for services provided with all of the information you will need for you submit to your insurance company.
4. _____ **Cancellation:** If an appointment needs to be changed or cancelled, we respectfully require 48 hour notice (or two business days) prior to the scheduled appointment. ITR Physical Therapy has a running waiting list and this time allows our scheduler to offer the appointment to other patients in need. If 48 hours notice is not provided, a full session fee will apply.
5. _____ **Referrals:** Virginia law requires a physical therapy referral/prescription for all PT treatment. Although Maryland is a direct access state (does not require a PT referral or prescription) it is ITR Physical Therapy's policy for each patient to have a prescription from their referring physician due to the sensitive nature of the services we provide. If you are being treated in our Bethesda location and are unable to provide a referral, I will contact ITR Physical Therapy ahead of time to discuss my options.
6. _____ **Medical Records:** Upon request ITR Physical Therapy will provide the patient or the patient's insurance company a copy of daily notes if they are needed for reimbursement. A fee of \$41.25 may be charged for any letters that need to be formally written. A signed medical record release form is required before any records can be shown or provided to anyone other than the patient.

I (*the ITR Physical Therapy patient*) have read, understand and agree to the policies as explained above.

Signature: _____ Date: _____
Print Name: _____