



Consent to Treatment

I hereby consent to the evaluation and treatment of my condition by a licensed physical therapist employed by The Motive, LLC. The physical therapist will explain the nature and purposes of these procedures, evaluation, and course of treatment. The physical therapist will inform me of expected benefits and complications, and any discomforts, and risk that may arise, as well as alternatives to the proposed treatment and the risk and consequences of no treatment.

Cancellation and No Show Policy

This policy is in place in order to ensure patients who need care do not have to wait to get on our schedule in favor of a patient that does not show up. Cancelling last minute or not arriving to your appointment is unfair to other patients in need, our business, and yourself. 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 to pay a \$50 cancellation fee. In order to schedule the next session, you will need to pay in advance for the next session at the time of booking. If you cancel or no show a second time, we will retain the entire amount paid for that session.

Payment Policy

Our charge for treatment sessions is \$120, with the initial evaluation being \$160. Payment, in the form of cash, check or credit card, is due at the time of each visit. Medicare patients must pay their copay and deductible, unless they have a Medigap policy.

The payments you make may be reimbursable by your insurance company under your out of network physical therapy benefits; the exact percentage depends upon your plan. Due to the complex nature of insurance claims and reimbursement, I make no promises as to whether you will receive reimbursement.

After insurance reimbursement, the cost per visit estimated by your insurance representative was: _____

We are able to furnish a superbill within 24 hours after a visit, which you can then submit to your insurance company for payment. If you would like, we can submit one superbill to your insurance company as a courtesy at the time of discharge.

I, _____ have read and understand the above policies:

Signature _____ Date _____