



Trisha Becker Physical Therapy
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2026 OFFICE AND FINANCIAL POLICY

In our clinic, we are committed to your health and well-being. Because of this commitment, we have decided to maintain a low-volume practice, allowing us to spend the time with you that we feel you need. Usually, the minimum time spent per visit is between 45-60 minutes. Therefore, our fees reflect the time spent under direct care with a Physical Therapist.

2026 PHYSICAL THERAPY FEE SCHEDULE

	<u>CREDIT</u>	<u>CASH/CHECK</u>
Physical Therapy Evaluation (60 minutes):	\$178	\$170
Physical Therapy Follow-Up Visit (45-60 minutes):	\$124	\$120
PT Health and Wellness Consultation (45-60 minutes):	\$178	\$170
PT Health and Wellness Visit (45-60 minutes):	\$124	\$120
Skilled Manual Therapy and Bodywork:	\$124	\$120

Payment is due at the time services are rendered. Your insurance is a contract between you and your insurance company. Filing for insurance reimbursement is the responsibility of the patient. If you have out-of-network benefits, we will be happy to provide you with the invoice receipts needed to be reimbursed directly from your insurance carrier.

APPOINTMENT SCHEDULING AND CANCELLATIONS

We firmly believe in the value of your time and are committed to avoiding long wait periods in our office. However, we ask that you adhere to your scheduled appointments as closely as possible. If you arrive late, we will try to honor your appointment time but cannot guarantee that you will be treated that day.

If you are ill or cannot keep an appointment, we ask that you call and notify our office as soon as possible. There is no cancellation or change charge as long as it is done at least 24 hours before the scheduled appointment. **However, repeated failure to cancel or change your appointment before 24 hours will result in an office visit charge of \$50.**

HIPAA POLICY

We are committed to treating and using your protected health information responsibly. The Notice of Privacy Practices describes the personal information we collect and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is currently in-effect and applies to all protected health information as defined by federal regulators.

PATIENT AGREEMENT

I have read, understood, and agreed to these Office and Financial policies and have been offered a copy of the Notice of Privacy Practices.

Patient/Responsible Party Signature

Date

Office Representative

Date