

**In Motion Physical Therapy
Self Payment Disclaimer:**

Thank you for choosing us as your physical therapy provider. Our goal is to provide high quality, thorough, effective treatment and care to each and every patient. In return, we ask each patient to accept responsibility for paying the fees for his or her treatment.

Payment is expected at the time you receive treatment. A self pay visit is \$60 per treatment session. Payment may be made by check, credit card or in cash.

We ask that you sign your name below to acknowledge our payment policy.

Signature: X_____ Date: X_____