

Financial Policy

Team Rally Sports Physical Therapy

We are committed to providing you with the highest quality of care. Please read and sign this financial policy so there is a clear understanding of your responsibilities.

1. Payment for Services

- Team Rally Sports Physical Therapy operates on a **cash-pay basis**.
- We do **not bill insurance** on your behalf.
- Payment is **due at the time of service** unless prior arrangements have been made.

2. Insurance and Medicare/Medicaid

- Services provided by this clinic are **not covered by Medicare or Medicaid**.
- We do not submit claims to insurance companies.
- You may request a **superbill** to submit to your insurance for possible out-of-network reimbursement (not guaranteed).

3. Forms of Payment Accepted

- Cash, check, credit/debit card, or approved electronic payment methods.

4. Cancellations and No-Shows

- Appointments canceled with less than 24 hours' notice may be subject to a **\$50 cancellation fee**.
- Exceptions are made for illnesses, family emergencies, and unforeseen transportation issues.

- No-shows will be charged the **full appointment fee**.

5. Returned Checks

- Returned checks will result in a **\$50 service charge**, and future payments may be required by credit card or cash.

6. Outstanding Balances

- Unpaid balances may result in suspension of services until resolved.
- Balances not paid within 30 days may be subject to additional collection processes.

Acknowledgment of Financial Policy

I have read, understand, and agree to the financial policy of Team Rally Sports Physical Therapy. I understand that I am responsible for all charges for services provided to me.

- Patient Name (print): _____
- Patient Signature: _____ Date: _____
- Parent/Guardian (if applicable): _____ Date: _____