



Financial Information

Thank you, for choosing us as your healthcare providers. We are committed to your treatment being successful. Please understand that the payment of your bill is considered part of your treatment.

Fees and Payments

Our fees are based upon reasonable and customary charges. Fees for a visit or new problem are higher than the routine follow up because more time is required to diagnosis and treat a new problem than to follow an existing one. Capitol Rehab bills for each modality rendered at the time of service. Treatment costs vary depending on the type of treatment deemed medically necessary.

MISSED APPOINTMENT/LESS THAN 24 HOURS NOTICE

As a courtesy to you and other patients, the following policy is in effect. There is a 24 hour notice cancellation policy. Unless a call is made within 24 hours of my appointment to cancel or reschedule for other than illness or emergency, I will incur a \$25.00 service fee.

CREDIT CARD ON FILE

Unless co-payment/co-insurance payment is made each visit, it is necessary to keep a credit card on file. Your card will be billed at the end of each month if there is a balance on the account.

My credit card number is as follows:

Credit Card Number: _____

Expiration Date: _____

Name on card: _____

I understand and accept the above policies,

Signature

Date

Witness (Capitol Rehab Employee)

(This information will be kept confidential and in your patient file.)