



Payment Policy

Your initial evaluation is \$_____ and follow up treatment sessions are \$_____. Payment, in the form of cash or check, is due at the time of each visit.

We are not contracted with any insurance companies and you ("Patient") are ultimately financially responsible for all services provided to you by Cozy Physical Therapy. However, any payments you make may be reimbursable by your insurance company under your out-of-network physical therapy benefits; the exact percentage depends upon your medical coverage plan. Due to the complex nature of insurance claims and reimbursement, we make no promises as to whether you will receive reimbursement. We advise you to contact your insurance providers to fully understand your coverage of benefits (if any) for physical therapy services.

We will assist you in every way possible. Payment is due at the time of service.

Cancellation and No-Show Policy

All cancellations need to be made at least 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 for 100% of the costs associated with your session.

I have read and understand the above policies:

Name of Patient: _____

Signature: _____

Date: _____

Thank you for your cooperation and business.

Cindy Zhang, DPT
Cozy Physical Therapy