

## **Waiver of insurance billing**

You have registered as a **cash/ private pay patient**. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now or in the future for you or us to submit for insurance billing.

### **Fee Schedule:**

New Patient first appointment 60 minutes: \$142

Follow-up appointments: 60 minutes: \$122

Follow-up appointments: 30 minutes: \$61

Please talk to the office manager if you have any questions regarding this arrangement.

I agree to:

- 1) pay at the time of service, and
- 2) waive insurance billing by Layne Physical Therapy.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

(send a copy to FPM and file in patient chart)