



Healing in Motion

Anne Robinson PT, SEP
physical therapy/somatic experiencing

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Patient Agreement

I hereby acknowledge that I am fully aware that it is my responsibility as the patient to find out what my insurance coverage is for physical therapy. I am aware that I am responsible to pay for office treatments that insurance does not cover.

I am fully aware that it is my responsibility as the patient to find out whether my insurance is part of the ObamaCare/CoveredCA insurance plan or not. I am aware that Anne Robinson PT is not contracted with ObamaCare/CoveredCA and doesn't accept these insurance plans and I will be fully responsible for all costs incurred from office visits.

I understand that I need to notify Healing in Motion within 24-hours of my appointment if I am unable to attend. I understand I am responsible for a \$50 late cancellation or no-show fee for each missed appointment. A one-time exception will be made for illness or emergency.

I agree with the above and to pay the following fees for service.

Physical Therapy Session - \$145

*Superbills given upon request

Patient Signature: _____ Date: _____