

PAYMENT POLICY

Patients will be responsible for:

Please Check

- | | |
|--|--------------------------|
| 1) Contacting their insurance company to determine their own coverage. | <input type="checkbox"/> |
| 2) Patients are responsible for submitting their claim forms and invoices to insurance companies for reimbursement. | <input type="checkbox"/> |
| 3) Initial Assessment will be paid on the initial visit. Remaining invoices will be prepared on the last visit of each week and payments will be required on the same day as invoiced. | <input type="checkbox"/> |
| 4) Payments may be made by Visa, Mastercard, Debit, Cash or Cheque .
There will be a \$25.00 charge to your account for any NSF Cheques. | <input type="checkbox"/> |
| 5) There will be a 100% Cancellation Fee of treatment scheduled charged to your account without 24 business hour notice. | <input type="checkbox"/> |

Our staff will be happy to continue to assist you with any difficulties you may have in securing reimbursements from your insurance company.

If you have any questions or concerns regarding our policy, please feel free to discuss them with us.

Thank you in advance for your co-operation which will allow Rylander Physiotherapy Centre to continue providing you with outstanding service.

MONDAY 8am to 8pm	TUESDAY 12pm to 8pm
WEDNESDAY 8am to 5pm	THURSDAY 12pm to 8pm
FRIDAY 8am to 5pm	

By Signing, I have read and understand the responsibilities and conditions of this Payment Policy.

Date: _____