



**STEP UP Physical Therapy, PLLC**  
**Senior Targeted Exercise and Physical therapy**

Phone 303 909-9393

Fax 303 738-5544

www.stepuppt.com

### **New Patient Agreement**

**Patient Name:** \_\_\_\_\_

**You may pay cash for STEP UP Physical Therapy services.**

**Physical Therapy Evaluation: \$125**

**Physical Therapy Treatment Session: \$95**

**Personal Training Session: \$95**

**Please read the following information:**

- Payment is due at time of service for any cash pay service.
- We accept cash or check (make payable to: STEP UP Physical Therapy, PLLC)
- Cancellation/appointment policy: Unless you cancel at least 24 hours in advance, our policy is to charge \$50.00 per missed appointment. This will allow us to fill your appointment slot with someone who may need care urgently.

By signing below I understand and agree to this Financial Policy and acknowledge I have read the notice of privacy practices.

X \_\_\_\_\_ Date \_\_\_\_\_

#### **Permission to Treat**

I authorize the licensed physical therapists at STEP UP Physical Therapy to provide me with evaluation and treatment.

X \_\_\_\_\_ Date \_\_\_\_\_