



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 and Occupational Therapy services.

Physical or Occupational Therapy Evaluation: \$150

Physical or Occupational Therapy Treatment Session: \$110

Personal Training Session: \$110

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 and/or occupational therapists at STEP UP Physical Therapy to provide me with evaluation and treatment.

X _____

Date _____