

Self-Pay Agreement

As a courtesy, Rebound Sports & Physical Therapy, P.C. will bill your insurance company directly. If you do not wish us to file claims on your behalf, please inform our front desk and fill out the form below. Please note, payments for all services & supplies are due at the time of service. If you have any questions or concerns please contact our billing office at 970-663-6142 option 3.

By checking this box you understand that you are being billed for any services or supplies that you may receive at Rebound Sports & Physical Therapy, P.C. (EIN: 84-1420666).

I am agreeing to pay personally out of pocket and electing not to have my insurance billed. I agree to be personally and fully responsible for any and all charges accrued related to the delivery of physical therapy treatments. I also understand that I may not go back and choose to have a previous session switched from Self Pay to Insurance billed charges.

I understand and agree to the above stated terms. I understand that insurance filing is done as a courtesy to me and I have chosen to opt out of this option.

Signature of Patient/Guardian

Date

Printed Name of Patient/Guardian

Date

Witness

Date

Note: Any and all outstanding balances will be handled via our Collections Policy. An outstanding balance consists of any fees not paid at the time of service.

