



Self-Pay Agreement Form

Patient Name: _____ **Date of Birth:** _____

Please fill out the following form and bring with you to your first appointment. **This form is required to be filled out and signed in order to be seen by any of our therapists/practitioners here at LoDo Physical Therapy, PLLC.** We understand that our patients are electing, of their own accord, to pay for their own treatment here at LoDo Physical Therapy.

<input type="checkbox"/>	By initialing this box, I acknowledge that it is the <u>sole</u> liability of the client to cover the cost of their care at Lodo Physical Therapy, PLLC.
<input type="checkbox"/>	By initialing this box, I acknowledge that there will be no insurance billing OR coverage.
<p align="center">I've provided the following:</p> <p>_____ License/Photo ID _____ Payment Method on File _____ PT Script</p>	
<p align="center">APPOINTMENT RATES</p>	
Initial Consultation Amount: \$120.00	Follow-Up Visit Amount: \$90.00

Patient/Guardian Signature

Date