



OUT-OF-NETWORK BILLING AGREEMENT

If I am insured by a plan other than Blue Cross Blue Shield PPO or CHOICE or if I do not currently have health insurance, I understand that I am responsible for payment on the day of service. I acknowledge that fees are \$195 for an Initial Evaluation followed by \$175 per follow up Treatment session. Fees are due at the time of service. Your session will be charged automatically on the day of your appointment, or you may bring a check or send Zelle or other e-payment at time of service.

In special cases, Extended Evaluations are recommended, especially in the case of complicated deliveries or patients with a complicated medical history. The rate is \$295 for the 1.5 hour extended evaluation/treatment for the first visit and follow up sessions will be one hour. Extended evaluations apply to all EDS patients.

All Out-of-Network insurance plan claims will be submitted for you unless otherwise indicated and you will receive payment directly from your insurance. Reimbursement from your plan depends on the details of your plan and what is covered for Out-of-Network Outpatient Physical Therapy. If you have any questions after speaking with your provider you can contact our billing department directly by email at Billing@ChicagoPT.org.

Please indicate below if you do not want your insurance billed.

DO NOT BILL MY INSURANCE

I have read and understand the above fees as an Out-Of-Network patient. I agree to pay the above fees as outlined.

Print Name: _____

Signature: _____ Date: _____

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