



BILLING AGREEMENT

Chicago Physical Therapists sends out Invoices via email twice monthly and collects any remaining balances at the end of each month.

I understand that if my bill is not paid within 5 days of the second invoice of the month (and I have not contacted Chicago Physical Therapists asking them not to run the card on file) that the card on file will be charged for the full amount of the Final Invoice. I understand that if I am not receiving an Invoice in my email,

Please note: *Sometimes invoices can be found in junk mail or spam folder depending on your email settings

*For all Billing questions please email Billing@ChicagoPT.org.

CANCELLATION/ NO SHOW/ LATE POLICY

A \$75.00 cancellation fee will be charged to your credit card on file if you do not show up for your appointment or if you cancel less than 24 hours prior to your scheduled appointment time. Subsequent incidents will result in a full \$175.00 fee to cover your missed treatment. If you are 15-30 minutes late to your appointment you will be charged \$50.00. Please note these fees will be charged automatically to your account. Insurance cannot be billed for this fee. It is important that I have adequate time to fill your spot should you not be able to attend.

Thank you for your cooperation and understanding.
Please sign here to acknowledge notification:

Name: _____ Date: _____