

Gabrielle Czaja, PT Inc.
4601 Connecticut Avenue NW, Suite 4
Washington DC 20008
Voice: 202-223-4943 Fax: 202-223-4947

OFFICE POLICIES & AUTHORIZATION

Welcome! Thank you for reading through this information carefully. It will answer some questions you may have. Please Note: Your signature is required at the bottom of this page.

SCHEDULING: My commitment to you and to the work that we do together is to bring myself with full integrity to our work. When we agree to an appointment, I mark that time in my calendar and that time is dedicated to you. If you cancel with less than 48 hours' notice, exclusive of weekends, or do not show up for your appointment, I will ask you to honor your commitment and to pay in full for your appointment. If for some reason less than 48 hours is given, and there are appointments available in that same calendar week, you are welcome to one of those appointments and you will not be charged.

PAYMENT: Payment is due at the time of service. The initial session, which includes evaluation, is 60 minutes, \$275. Subsequent appointments are 60 minutes, \$215. Personal check, cash, Visa, and MasterCard are accepted.

INSURANCE: You will receive an insurance receipt that has all necessary information so that you can file for reimbursement with your insurance company. Gabrielle Czaja, PT Inc. does not participate with any insurance plans. *Some health plans require pre-certification for physical therapy services. You are responsible for obtaining this authorization;* however, there may be forms for me to fill out and I am happy to do so. Gabrielle Czaja, PT, Inc. is not enrolled in the Medicare program and therefore cannot submit payment for reimbursement. Please let me know if Medicare is your primary insurance.

REFERRAL/PRESCRIPTION: The law in Washington DC allows a physical therapist to evaluate and treat a person without a physician's referral or prescription. Your health insurance company may require a doctor's referral, so please check with your carrier.

ACKNOWLEDGMENT: I have read and understand the above policies and agree to, and abide by, all of these terms. I understand that payment is due at the time services are rendered. I also understand that I am personally responsible for all charges.

I, undersigned, grant consent for treatment and services provided by Gabrielle Czaja, PT Inc.

Name	Signature	Date
------	-----------	------

Legal Guardian (if applicable)	Signature	Date
--------------------------------	-----------	------