



# Proactive Rehabilitation & Fitness Centers

SELF PAY

Dear Patient,

We are delighted that you have chosen us as your provider.

For patients who decided to pay out-of-pocket for their therapy expenses, Proactive offers several different payment options. Please carefully consider the financial option that best fits your budget. Mark the appropriate box and sign at the bottom of this form.

- I will pay in full at the time of my visit and receive a 15% discount on service charges
- I will pay a minimum of \$50.00 at each visit. I will pay the remainder of the charges within 20 days of receiving the billing statement. Statements are sent every three weeks.
- I will pay \$20.00 at each visit and I authorize an automatic monthly or weekly occurring payment with the credit/debit card provided (please fill out an autopay authorization form).

If you have any questions or concerns relating to the payment option, please consult our billing department. We are willing to work with our patients to make sure that their therapy needs are met.

*By my signature below, I acknowledge that I have read, understand, and agree to the above. I have been given the opportunity to ask questions. I confirm that I am the patient or the patient's duly authorized representative.*

First and Last Name (please print)

\_\_\_\_\_

Patient's or Representative Signature

Date

\_\_\_\_\_

\_\_\_\_\_

If signed by someone other than the patient, please specify relationship to the patient: \_\_\_\_\_

Signature \_\_\_\_\_ ID # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_