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Injury Prevention Consultation ■ Ergonomic Evaluation ■ Injury Management
Training ■ Physical and Occupational Therapy ■ Post Offer Screenings

INSURANCE CO-PAY POLICY

Please note that your co-pay is expected at the time of every appointment.

You are required to contact your insurance company to determine whether or not you have a co-pay for “specialist” services, what your deductible is and the number of visits you are allowed per calendar year (if applicable).

This can be accomplished in a number of ways. Please check off the most convenient process for you and your situation.

- I agree to bring cash or a check made out to IHMS to each physical therapy visit
- I agree to have IHMS keep my credit card information on file and authorize IHMS to charge my credit card for each visit as seen until the date of my discharge
- I agree to give IHMS my credit card at the beginning of each visit rather than have them keep my information on file
- I agree to either bring cash or a check made out to IHMS to each visit, or to give IHMS my credit card at the beginning of each visit, dependent on which method is most convenient on the day of my visit

Please check: MC
 Visa
 American Express
 Discover

Card Number: _____

Expiration: _____ / _____
Month/Year

Security Code on Card: _____

Name Printed on Card: _____
Please Print Clearly

Amount of Co-Pay: _____

Patient Signature: _____

Date: _____

Patient Printed Name: _____

Email Address for Receipt: _____

Please Print Clearly