



Date: 5/10/2022

To Whom It May Concern:

Mutual agreement has been made between Back-In-Action Rehabilitation and myself, _____, for an agreed upon cash contract for physical therapy services. Secondary to alterations and changes in my personal existing economies not the least of which may include loss of insurance, loss of job with either myself or my spouse and/or decrease in financial income, this contractual agreement is being made. In light of this, Back-In-Action Rehabilitation and myself have agreed to a private pay rate of \$70 (30 minutes), \$105 (45 minutes) or \$140 (one hour) with the amount to be paid at each visit. The evaluation fee for the first visit and treatment rate is \$125. This agreement will begin on _____ and will be in place for 60 days. This contract will reoccur in 60 day increments unless otherwise re-evaluated by either party.

Please also indicate if you have a Doctor that you would like the notes sent to:

Patient Signature

Date

Back-In-Action Rehabilitation

Date

Back-in-Action accepts Visa, Mastercard and Discover for your convenience.