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## Financial Terms Consent

At Jan Active Therapy, we offer a range of physical therapy services catering to various medical conditions. Please note that your insurance provider may mandate that treatment be administered solely upon a prescription from a physician. If so, bring the prescription with you during your initial visit.

Appointments are generally scheduled for 50 minutes. Timeliness is crucial, so please arrive punctually for each appointment.

### Cancellation Policy:

- Jan Active Therapy requires a 24-hour notice for appointment cancellations, and you may incur financial responsibility for later cancellations and missed appointments. We reserve the right to charge a \$50 cancellation fee for time reserved without proper cancellation.
- Following two instances of a "No Show" without prior cancellation, we reserve the right to charge the full session amount and cancel all subsequent visits.

### Financial Agreement:

\_\_\_\_ **(Initial)** I acknowledge and agree that I am financially responsible for the full payment of my services billed.

\_\_\_\_ **(Initial)** I understand that the cost of therapy is contingent upon the duration of the appointment.

Payment can be made in the form of **cash or credit card**.

\_\_\_\_ **(Initial)** I authorize Jan Active Therapy to automatically charge my credit card for every Date of Service I receive from Jan Active Therapy.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I comprehend Jan Active Therapy's financial policy and acknowledge my responsibility for my account.

\_\_\_\_\_  
Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient (if other than patient)

\_\_\_\_\_  
(Patient name printed)