KEY THERAPEUTICS, LLC

Karen Andrews, P.T.,MTC, CSC1
(240) 405-4424
Karen@keypt.us

FEE SCHEDULE FOR SERVICES

Thank you for choosing Key Therapeutics and Karen Andrews P.T., MTC, CSC1 as your physical therapy provider. We are committed to providing our clients with caring, competent service and treatment. We provide no guarantees of a certain result, as every client's response to treatment is unique and difficult to predict with any degree of certainty.

We do not accept health insurance for payment of our services. We ask that you make full payment either prior to or directly after your visit. We offer services in our Mount Airy and Mount Washington offices. Typically, treatment is provided during normal business hours. On rare occasions, treatment may be available before or after-hours or as a home visit based on availability. Please note that the fee for after hour visits and home visits are higher, and are provided at the discretion of the provider, for the convenience of the client.

Unless otherwise specified, fees listed below are based on 50-minute treatment sessions.

In-office, weekday visits during normal business hours (8:00 a.m.-3:30 p.m.) will be billed at a rate of:

- Initial Evaluation and treatment (50-minute appointment): $300.00
- Follow-Up appointments: $230.00 per 50-minute session.

Double sessions: please make your request at the time of scheduling your appointment. Double sessions are dependent on availability and can not be guaranteed.

After-hours visits are charged at $350.00 per 50-minute session. We will do our best to accommodate, however availability cannot be guaranteed.

Home visits if schedule allows , are billed at an hourly rate of $300.00 per hour, and a travel stipend is billed additionally at a prorated rate of $200.00 per hour.

Cancellation / No show fees:
We understand life happens, we kindly request 24 hours' notice. There is a minimum $200.00 cancellation fee for the first missed appointment or cancellation with less than 24 hours' notice, and subsequent missed visits will be billed at the full treatment price. This is out of respect to those people waiting on the cancellation list who are unable to be seen on short notice.

The cancellation fee must be paid before the next appointment is scheduled. If a patient misses or fails to cancel three (3) appointments, we reserve the right to discharge the patient from our practice.

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Financial Authorization:

By signing below, I acknowledge and understand that I am agreeing to the terms of this Fee Schedule. I agree to pay the amount quoted under the above-described conditions, and further agree to the Cancellation Policy. I acknowledge that I am financially responsible for all professional services provided by Key Therapeutics LLC and Karen Andrews P.T., MTC, CSCI. I have had the opportunity to ask questions about the above terms of the Fee Schedule, and by signing below, agree to pay the fee dependent on the length of the visit, location, time of day, day of the week, and/or late cancellation.

If you are under the age of 18, your parent of guardian must sign this fee schedule, and agree that he/she will be responsible for payment of services under the designated fee codes.

_____ _____
PATIENT NAME DATE

_____ _____
PATIENT SIGNATURE RELATIONSHIP (IF NOT PATIENT)