

KEY THERAPEUTICS, LLC
Karen Andrews, P.T.,MTC
(240) 405-4424
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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 prefer to offer services in-office during regular business hours, however, in urgent cases, treatment may be provided in your home. We are unable to guarantee this option. Fee Code #1 is the typical fee. Please note that the fee for home visits, after hour 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.

Daily Rate

In-office, Initial Evaluations during normal business hours (8:00 a.m.-3:00 p.m.) will be billed at a rate of \$300.00 and follow-up visits at a rate of \$230.00 per 50-minute session thereafter. If you request a double session, please make such a request at the time of scheduling. Double visits are based on availability and cannot be guaranteed.

After Hours

In-office, after hours visits (weekdays before 8:00 a.m. or after 3:00 p.m.) will be billed at a rate of \$350.00 per 50-minute session. If you request a double session, please make such a request at the time of scheduling. Double visits are based on availability and cannot be guaranteed.

Weekend Rate

In-office, weekend emergency visits (between 9:00 am and 12:00 pm) will be billed at a rate of \$500.00 per 50 minute session.

Home Visits: Physical Therapy treatment rendered in your home. Fee based upon above criteria, with a \$175 additional travel stipend.

Please note that there is a minimum \$200.00 cancellation fee for missed appointments or cancellations with less than 24 hours' notice. If you are scheduled for a home visit and you either cancel with less than 24 hours' notice or are not home when I arrive for the scheduled for your in-home visit, you will not be rescheduled. Please note that if you leave a message on our voicemail to cancel an appointment, we will use the time of the message in order to calculate the 24-hour time period.

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.

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 Fee codes, and further agree to the Cancellation Policy under each code. I acknowledge that I am financially responsible for all professional services provided by Key Therapeutics LLC and Karen Andrews P.T., MTC, CSC1. 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 or 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)