



**Welcome to Sport and Spine Physical Therapy, Brighton.  
We are excited you have chosen our clinic for your treatment.**

*We strive to offer excellence in physical therapy treatment and rehabilitation. Please read the information below and initial next to the statement that you have read and agree to abide by the clinic's policies. If you have any questions, please ask any one of the staff members.*

\_\_\_\_\_ To continue to provide the highest quality of care, there may be times when various products or services will be recommended but are not covered by your insurance. If you accept the treatment or product you will be responsible for the charge.  
**(Price list for common Products and Services is located at the bottom of the page).**

\_\_\_\_\_ **24-Hour Minimum Notice for a Cancellation is Required.**  
If you wish to cancel your appointment, we request that you contact our office 24 hours prior to your appointment so that we may schedule another patient at that time.  
We are considerate of your time, please be considerate with ours.  
**A \$25 charge may be added to your account balance.**

\_\_\_\_\_ **No Show Policy**  
If you do not show up for your appointment and do not call to cancel, a **\$45 fee will automatically be charged to your account balance.**

\_\_\_\_\_ **Co-pays and deductible percentage\*** (\*calculated if you have a deductible)  
Payment is due upon arrival for services and will be collected at the time of your appointment. It is against the law to avoid paying these insurance co-pays and deductibles.

\_\_\_\_\_ **Insurance Verification**  
We offer to pre-certify your insurance coverage prior to commencement of your care. **This is a courtesy.** It is ultimately your responsibility to know and understand your insurance and we require you to contact your carrier to verify to avoid any miscommunication.  
If you have further billing questions, you may contact our billing office at **720-759-3110.**

\*All prices include sales tax and are subject to change.

I \_\_\_\_\_  
have read the above information and will comply with these policies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Trigger Point Dry Needling/IMS	\$10/session
Iontophoresis supplies	\$10
Theraband 5 Foot Piece	\$5
Foam Roller	\$32.00
Rangemaster Pulley	\$33.00
SI Belt S/M	\$44.00
SI Belt L/XL	\$49.00