

Integration Therapy, LLC

460 St. Michael's Drive, Bldg 100, Ste 100, Santa Fe, NM 87505
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Dear Patient,

As a patient at Integration Therapy, LLC, we need you to disclose any treatment you are currently getting, have received recently or would like to begin with any Chiropractor (DC), Acupuncturist (DOM) or other Physical Therapy (PT) clinic as this affects your benefits with Integration Therapy, LLC.

If you do not disclose any other treatments received from the above stated sources, it could result in insurance nonpayment. This would result in a visit fee of \$150.00 for an initial evaluation and \$120.00 for a return visit.

It is important to note that you are ultimately responsible for any deductible, copayment or co-insurance fees. Integration Therapy, LLC will call your insurance company before you receive services from this organization and get your insurance policy benefits. We will provide this information to you as well. However, it can be the case that insurance companies give misinformation. Integration Therapy, LLC can only provide the information that is given to us from your insurance company. It is ultimately your responsibility to understand your insurance policy benefits and the financial commitment for physical therapy treatment.

Please read the above information carefully and sign below that you understand and agree to this.

Signature: _____

Printed Name: _____

Date: _____

Thank you.

Integration Therapy, LLC
Billing Department