Burkhardt
Physical Therapy Center, LLC

Phone: (608)786-4989 Fax: (608)786-2321
1555 Heritage Blvd., West Salem, WI 54669
www.BurkhardtPT.com

Prompt Pay Options
For non-contracted insurance or very high deductible

One session can include any combination of the following skilled physical therapy techniques: evaluation, dry needling, advanced strain counterstrain, joint mobilizations, myofascial release, muscle energy techniques, modalities, Kinesio taping, exercise instruction, neuromuscular re-education, and postural and movement education.

***With the exception of Vestibular treatments,** **the first session will be a consultation at no charge ($160.00 value. 1 free consultation per lifetime). If you decide to continue treatment, then you may purchase 3, 5, or 10 session package upfront before your next session. Vestibular treatments will be charged at a non-package rate unless more than 3 visits are needed.**

****All visits will expire within a year of purchase!****

Non-Package rate (1) 50 minute session for $160.00

Package rate (3) additional 50 minute sessions for $435.00= ($145.00/session)
(A $205.00 package savings)

Package rate (5) additional 50 minute sessions for $675.00= ($135.00/session)
(A $285.00 package savings)

Package rate (10) additional 50 minute sessions for $1250.00= ($125.00/session)
(A $510.00 package savings)

NOTE: All appointments must be scheduled upon payment. Appointments may be rescheduled up to 24 hours prior to the appointment date/time.

Cancellation Policy: All appointments have a 24 hour cancellation policy. "No-show" appointments will not be rescheduled or reimbursed and will count towards your total package session.

*PER THIS AGGREMENT, FOR ALL PROMPT PAY OPTIONS: **NO INSURANCE CLAIMS WILL BE FILED BY BURKHARDT PHYSICAL THERAPY CENTER, LLC, OR FILED BY THE PERSON SIGNING THIS FORM.**

NO REFUNDS

By signing this agreement, I hereby agree to the terms above. I also agree to not submit any receipts/proof of payments regarding these prompt pay appointments to my insurance company. I further agree to pay $_____ for a package of _____ sessions. *Limit of one free consultation per lifetime.*

Print Name: _____ Signed: _____ Date: _____

Witness Signature: _____ Date: _____