



pt:fit, llc
910 Waukegan Road
Glenview, IL 60025

(p) 847.657.0881
(f) 847.657.0882

Patient Cancellation and Payment Policy

Pt:fit, llc clients are seen by appointment only. Scheduling is based on a first come-first served basis. To receive the full benefit of your session, please arrive on time.

Cancellation Policy

Cancelling An Appointment With No Charge. To cancel an appointment with no charge we require a twenty-four (24) hour notice. This notice must be given directly to pt:fit, llc by calling 847-657-0881. Notice provided to a therapist is not sufficient.

\$60 Cancellation Fee. If you call pt:fit, llc directly and cancel your appointment within 24 hour of the scheduled time, there will be a \$60 cancelation fee.

Full Price Required. If you do not call to cancel an appointment, you will be charged the full price of the session.

Note that cancellation and no-show fees cannot be billed to your insurance company.

Payment Policy. For most clients, payment is due at the time of service. However, pt:fit, llc is under contract with BC/BS. If you are a patient of Gretchen Schmaltz with a prescription from your doctor, there is a \$20 co-payment due at the time of service. Pt:fit, llc will bill BC/BS directly. Sometimes BC/BS will send the payment to you. We require that you send the payment along with the Explanation of Benefits within 10 days of your receipt of the check. Once we receive the check, we will bill you for the balance due or refund any overpayment. You will incur a 5% finance charge per month for overdue balances.

Please initial the method of payment that applies to you.

Payment is due at the time of service. _____
INITIAL HERE

My services will be covered by BC/BS. I will make a \$20 co-payment at the time of service and I agree to sign checks received by me for pt:fit, llc services from BC/BS over to pt:fit, llc and mail them along with the Explanation of Benefits statement within 10 days of receipt of the check. I understand that there will be a 5% finance charge per month for outstanding balances.

INITIAL HERE

By signing below, I agree to abide by the Cancellation and Payment Policies of pt:fit, llc.

CLIENT'S SIGNATURE

DATE