

Women First Rehabilitation offers several payment options to better serve your needs.

Please read through all of the options, then sign and initial the decision with which you are most comfortable. Please note that you may change your decision at any time per approval.

_____ **Payment Option 1**

I, _____, wish to utilize **Option 1 Payment Plan** to pay for services
(Please print)
rendered by the licensed providers at Women First Rehabilitation. Under Option 1, I understand that I am expected to pay in full using cash, check or an acceptable credit card at the time that services are rendered.

Signature

Date

_____ **Payment Option 2**

I, _____, wish to utilize **Option 2 Payment Plan** to pay for services
(Please print)
rendered by the licensed providers at Women First Rehabilitation. Under Option 2, I understand that I must pay **50%** of the total amount due at the time of services rendered and **50%** within **30** days from the date of service. Failure to do so may result in delay of further services.

Signature

Date

_____ **Payment Option 3**

I, _____, wish to utilize **Option 3 Payment Plan** to pay for services
(Please print)
rendered by the licensed providers at Women First Rehabilitation. Under Option 3, I understand that Women First Rehabilitation will submit my claim to my insurance company as a courtesy to me. I understand that I will pay for my portion of the total bill and any co-pay at the time services are rendered and I hereby assign my insurance benefits to be paid directly to Women First Rehabilitation upon approval of the claim. I take full responsibility for paying for services rendered regardless of approval or denial of the claim by my insurance carrier. I understand that I am responsible for paying any outstanding portion of my bill within 45 days from the date of services.

Signature

Date

Dr. Sara E. Bolden

Physical Therapist / Women's Health Specialist

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