



Specializing in  
Manual Physical Therapy  
For:

- Neck & Back Pain
- Joint Replacements
- Surgical Repair of Ligaments/Joints
- Arthroscopic Surgery
- Injuries of the Foot, Ankle & Hands
- Dysfunction Following Stroke
- TMJ Dysfunction
- Work Injuries
- Sports Injuries
- Sports Specific Performance Training
- Aquatic Therapy

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Yuba City Racquet Club)  
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Website: [www.iptservices.net](http://www.iptservices.net)

Integrated Physical Therapy Service is committed to providing you with best possible care and service. We are pleased to discuss our professional fees and answer any questions regarding your financial responsibility. Your clear understanding of our financial policy is important to our professional relationship.

**Registration Forms and Referrals:** Patients must complete registration forms prior to seeing a Physical Therapist. A signed and dated prescription is required by several insurances and by Medicare. Medicare requires a current prescription every 30 days with frequency and duration indicated on the script. If your plan requires a referral from your physician, it is your responsibility to obtain it prior to your scheduled appointment. In certain instances, we may need to reschedule your appointment if we have not received a referral. A copy of your insurance card(s) will be scanned for your chart.

**Copayments:** We require collection of your insurance mandated co-pay at the time of service. Please be prepared to pay your co-pay at each visit. For your convenience we accept credit cards, cash and personal checks.

**Non-copayment Plans:** If your insurance plan does not require a co-pay, you are still responsible for any deductible, co-insurance and balance for services rendered that your plan does not cover as indicated on the EOB (Explanation of Benefits).

**Insurance:** As a courtesy, we will verify your insurance; however it is your responsibility to know your coverage. If for any reason your insurance company should refuse payment, you are responsible for payment of your account. Should your insurance change during the course of treatment, please notify us and update your information immediately.

**No Show Fee:** Our clinic requires a 24 hour notice of cancellation for scheduled appointments. Appointments not cancelled within this time frame may be subject to a \$25.00 fee. There will be a \$25.00 fee charged to any No Show appointments. We ask that you give us the courtesy of a phone call if you cannot make a previously scheduled appointment.

**Self-Pay:** Payment is due at the time of treatment. Any unpaid balances are the patient's responsibility.

Thank you for taking the time to review our policies. Please sign below to acknowledge your receipt of our office policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_