

PHYSICAL THERAPY ASSOCIATES OF MERCER COUNTY, P.C.
CO-PAY, DEDUCTIBLE, SELF-PAY AND SUPPLIES AGREEMENT

Our office staff has verified your benefits for physical therapy and your co-pay is \$_____ per visit. You understand you are responsible for paying the co-pay at the time treatment is rendered.

Also, there will be a \$10.00 charge for electrodes and a \$5.00 charge for any theratubing/band. Should you receive other supplies, an additional charge will apply for durable medical goods.

Patient Signature

Date