PUSHING BOUNDARIES

Exercise, health and hope for people with paralysis

Payment Policies

Cost of Services

- Facility Tour: **Free**
- Initial Evaluation: **$100/hour**
- Exercise Therapy (Neuromuscular Reeducation, Therapeutic Exercise, Manual Therapy): **$100/hour**
- Body-Weight-Supported Robotic Gait Therapy: **$110/hour**

Payment Policies

- Pushing Boundaries requires pre-payment of anticipated care.
- Client will receive an email estimate at the start of each calendar month, for the projected total cost of care for that month.
- Payment for the projected total cost is due by the 10th of each calendar month.
- Failure to make timely payments may result in clients being removed from the therapy calendar until the account is brought up to date.
- Any funds from estimate not applied to that month's care will be carried over to the following month and applied there.
- Any questions regarding billing should be addressed via email to bookkeeping@pushing-boundaries.org
- There is a $50 charge on any returned checks

Cancellation/No-Show Policies

- Cancellations may be made multiple ways:
  - Via the online scheduling app, Schedulicity (if more than 24 hours' notice)
  - Via email to schedule@pushing-boundaries.org
  - Via phone at 425-869-9506
  - In Person
- If a client cancels with more than 24 hours' notice they will not be charged for that session. Any resulting credit on the clients account balance will be carried forward to the following month.
- If a client cancels with less than 24 hours' notice, if schedule allows the client can book a 'replacement' appointment within two days of the original appointment. If the client is unable to attend the original appoint or make/attend a 'replacement' appointment, the client will be charged for the session.
- If a client 'no-shows' for a session, the client will be charged the full rate for said session.

I understand that I am financially responsible for the for the payment of all services and must prepay in advance for care at Pushing Boundaries.

_____
Client Name (Please Print)

_____ _____
Client Signature *Date*

_____ _____
Legal Guardian or Caretaker (Please Print) *Relationship*

_____ _____
Legal Guardian or Caretaker Signature *Date*

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