



**ORTHOPEDIC
& TMJ
PHYSICAL
THERAPY
CENTER**

- TMJ/Jaw Disorders
- Headaches
- Painful Neck, Back & Extremities
- Coccyx/Tailbone Pain
- Posture/Ergonomics
- Stress management Skills
- Pregnancy Aches/Pains
- Urinary & Fecal Incontinence
- Pelvic Pain
 - Vaginismus
 - Vulvodynia
 - Interstitial Cystitis
 - Painful Intercourse

*Carol R. Conrades, P.T.
Joanne Deazley, P.T.
Heather A. Hannam, P.T.*

**Phone 503-777-6746
Fax 503-777-0023
hands-onhealthcare.com**

*9204 S.E Mitchell Street
Portland, Oregon 97266*

PAYMENT POLICY
Contractual Agreement for Cash Courtesy Allowance

- This contractual agreement is entered into between ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER and _____.
- A cash courtesy is extended to patients who do not have insurance, have reached their annual maximum benefits, or have a prohibitively high deductible and co-payment.
- Payment in full is required on the date of service. The cash courtesy discount price is \$120.00 per visit.
- Upon request, ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER will provide me with a receipt appropriate for submission to my insurance carrier or other payer for reimbursement.
- You understand that should you have insurance ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER will not bill the insurance company following a cash courtesy visit being paid in full.

I have read and fully understand my financial responsibility for payment of my account.

Signature

Date