



**ORTHOPAEDIC SPECIALISTS OF NORTH CAROLINA**

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Orthopaedic Surgery   Sports Medicine   Physical Medicine & Rehabilitation   Spine Care   Joint Replacement

1501 N. Bickett Blvd, Suite E ~ Louisburg, NC 27549  
Ph (919) 497-0445 ~ Fax (919) 497-0118

**BENEFIT/PAYMENT AGREEMENT**

Dear \_\_\_\_\_

An appointment has been scheduled for you for PHYSICAL THERAPY at the above address on \_\_\_\_\_ at \_\_\_\_\_,

Please arrive **10 MINUTES EARLY** to allow for preparation of your medical chart. In preparation for you appointment, some information may be enclosed for you to complete before your appointment. **PLEASE DO NOT MAIL THESE FORMS.** Please bring the **COMPLETED** forms along with your insurance cards and a photo ID with you to your scheduled appointment.

We anticipate that the initial physical therapy evaluation will take approximately 1 hour. Please wear comfortable clothing that allows freedom of movement and will allow the physical therapist to easily view the problem area. If for some reason you are unable to attend this appointment, please call 919-497-0445 in advance to cancel or reschedule in order to make this time available for another patient.

The average cost for a new patient evaluation is approximately \$175.00. The physical therapist may find it necessary to prescribe durable medical goods such as supportive lumbar or cervical rolls, therabands for exercising, and possible braces for support. These durable medical goods are considered part of the prescription for your treatment in the same way medication is prescribed by a physician. Your insurance policy may not cover these items. Therefore, it is our policy to collect in full for the items we know are not covered on the day they are received. We will be happy to provide you with a receipt so that you may file it with your insurance company on your own.

**Your physical therapy benefits may be different from your physician benefits. Therefore, it is YOUR RESPONSIBILITY to contact your insurance company prior to your appointment to confirm coverage. You may have a deductible, a specialist co-pay, or co-insurance payment of 10%, 20%, or 30%. You may not have physical therapy coverage at all which means you will be responsible for all physical therapy charges. You can speak with the billing department to arrange a payment plan if your insurance does not cover physical therapy services.**

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**I have read and understand that I am responsible for all charges incurred through Orthopaedic Specialists of North Carolina.**

\_\_\_\_\_  
**PATIENT SIGNATURE (Seal)**

\_\_\_\_\_  
**DATE**