

GREAT STRIDES REHABILITATION
12443 SAN JOSE BLVD. SUITE 302
JACKSONVILLE, FL 32223
TELEPHONE: (904) 886-3228
FAX: 886-3297



PAYMENT POLICIES

PAYMENT

Cash or Check. Payment due at time services rendered. Tips are welcomed and appreciated.

CANCELLATIONS/ MISSED APPOINTMENTS

Cancellations must be made 24 hours in advance of the scheduled appointment time. If cancellations are not made within 24 hours:

- 1st instance: One half payment for session due
- 2nd instance: Full payment for session due
- 3rd instance: Termination of service

RIGHT OF REFUSAL

I reserve the right to refuse service to anyone. This includes, but is not limited to, anyone who requests treatments or services that are outside my scope of practice. I will exercise this right if anyone arrives for treatment under the influence of alcohol or recreational drugs; I reserve the right to charge for the session time, whether or not services were rendered.

INSURANCE BILLING

I can bill Medical Massage services directly to your insurance provider; but use a separate set of universal Insurance Billing rates for physical medicine. Services must be prescribed by a licensed medical practitioner, including appropriate diagnosis and procedure codes. You remain a patient of your doctor, while I provide massage services per their direction. Feel free to ask for more information about Insurance Billing.

I understand the above standard prices and payment policies as provided by Great Strides Rehabilitation, Inc. and agree to abide by them.

Client Name _____

Client Signature _____ Date _____