

Patient Name:

DOB:



**BOTHELL
PEDIATRIC & HAND
THERAPY**

LASER THERAPY FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Bothell Pediatric and Hand Therapy as your provider for Laser Therapy. We are committed to providing you with the highest quality of care. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies regarding Laser Therapy.

- The patient (or patient’s guardian, if a minor) is responsible for the payment of treatment
- Laser is offered by Bothell Pediatric and Hand Therapy as a Cash Pay Service only
- Insurance does not cover Laser Therapy at this time; therefore we will not bill your insurance. You may submit your receipts to your insurance carrier on your own for possible coverage
- All applicable payments must be made in advance of service
- There are no refunds on packages or service

LASER THERAPY PRICES

- \$120- Laser Consultation and Screening, Protocol Prescription and set up, and Initial Full Laser Treatment (Current/Past Patients can apply the consultation appointment charge to a package which makes it free! (\$120 value)

IF YOU ARE NOT A PATIENT	IF YOU ARE A PAST PATIENT	IF YOU ARE A CURRENT PATIENT
• Single Treatment- \$80	• Single Treatment- \$68	• Single Treatment- \$64
• 3 Session package- \$199	• 3 Session package- \$169	• 3 Session package- \$159
• 6 Session package- \$299	• 6 Session package- \$254	• 6 Session package- \$239
• 10 Session package- \$399	• 10 Session package- \$339	• 10 Session package- \$319
• 15 Session package- \$575	• 15 Session package- \$489	• 15 Session package- \$460
• 20 Session package- \$750	• 20 Session package- \$678	• 20 Session package- \$600

**Want something different? Custom packages are available. Family members may share a plan together.

I understand that Deep Tissue Laser Therapy is a cash based service and not billed to any insurance company. Deep Tissue Laser Therapy is not covered by Medicare, Medicaid, Workers Compensation, or any other insurance companies, nor does Bothell Pediatric and Hand Therapy bill any insurance company or entity other than the individual for this service. Every individual who receives laser treatment is responsible for their own payment, and payment must be received at the time of service, or in advance of treatments. No refunds are offered. All plans will expire 6 months after initial payment. Any unused treatments will be forfeit at that time. Laser treatment is for a single condition including surrounding areas or other anatomically pertinent locations at the discretion of the staff. If additional conditions are to be treated, a second package may need to be purchased. This decision is based solely on the discretion of the staff. I understand that by signing below I waive any right to ask Bothell Pediatric and Hand Therapy to seek remuneration for this provided service from any health insurance company, entity, or agency.

Signature of Patient or Guardian

Date

