



POSITIONAL RELEASE THERAPY INSTITUTE

Terms of Service Agreement

The Positional Release Therapy Institute (PRT-i™), is a private company that provides one-on-one therapeutic services. The Positional Release Therapy Institute™, will provide therapeutic services based on the patient’s needs and schedule agreed upon by both parties, being the patient and Positional Release Therapy Institute. The Positional Release Therapy Institute (PRT-i™), reserves the right to cancel services for non-payment of services or history of non-compliance of prescribed care.

Contracted Service Providers

PRT-i™ may employ the services of contracted health care providers to treat and meet the patient’s needs. PRT-i™ requires all contracted service providers to be in good standing with the Utah Department of Occupational and Professional Licensing, hold all applicable licenses and degrees, and carry their own insurance. PRT-i™ is not liable for the negligent or unlawful acts of contracted service providers, regardless of whether or not the patient is able to distinguish PRT-i™ from the contracted service provider(s). Upon notice of an alleged negligent or unlawful act, PRT-i™ shall inform patient of the service provider’s independent status, if applicable, and may, at PRT-i™ discretion, take reasonable steps to assist the patient in appropriately pursuing their claims against said service provider.

Payment

All payments are to be made at the time of service. Check and cash are preferred but credit cards are accepted. We do not take insurance at this time. The only exception is an auto accident claim, which if taken, the patient is responsible for any outstanding balance not covered by the auto accident claim. There is a \$2.00 convenience fee for all credit card payments, but none for cash or check payments. In the case of a refunded check, no matter the reason, will result in a \$20.00 returned check fee. All funds must be repaid in full within 30 days of mailed notification, and must be paid with cash or credit card (\$2.00 convenience fee may apply). The hourly fee is variable depending upon the therapist or service provided. These are posted at the front desk and encourage you to review these prior to scheduling your next visit.

Orthotics and/or Biomechanical Analysis

Orthotics and biomechanical analysis is \$400.00 (evaluation included in rate, however, prices may vary depending on accommodations or types of analysis requested/needed). If additional orthotics are requested, the price will be based on the type of orthotic needed, accommodations, and a \$60.00 hourly fee for the services above the cost of the orthotic will be applied.

Obligations of Patient

Patients are recommended to have received a health physical/assessment within the past year from a physician, nurse practitioner, or physician assistant. If a PRT-i™ practitioner identifies a physical ailment during their initial evaluation that will prevent initiating therapeutic services, the patient will be required to be examined and cleared by their primary care physician or other qualified provider before participating in a therapeutic program with PRT-i™. It is the responsibility of the patient to notify PRT-i™ if their health status changes during the course of their therapeutic program.

Cancellation Policy

Please notify us 24 hours in advance if you cannot make your scheduled appointment. A parent must be present at all times when a minor is being treated by a practitioner of PRT-i™.

I _____ (Print Patient Name), have read and understand the terms of service agreement.

Patient Signature

Date

Parent Signature, if patient is a Minor

Date