

Mind Body WORKS

Village Commons, 620 Village Dr., Suite E
Virginia Beach, VA 23454
757-351-3332 | Fax: 757-351-2544

Payment Policy

Mind Body Works is committed to providing the best treatment possible for patients and charging what is usual and customary for our area. Patients are responsible for payment of all services when rendered to them by Mind Body Works. Cash and checks are acceptable payment. You will be charged \$30.00 per check returned.

If you are unable to keep a scheduled appointment, please inform Mind Body Works 24 hours in advance. Failure to do so will result in assessing a total charge for the treatment missed payable by you, the patient, before further treatment is rendered.

Mind Body Works does not accept insurance, and therefore it is not the responsibility of Mind Body Works to verify your coverage with your insurance plan. At the end of each month, Mind Body Works will provide you with a receipt for your visits during that month. If you chose to try to get reimbursement for treatments rendered, it is your responsibility to contact your insurance company, however Mind Body Works will not guarantee any payment to you (the patient) from the insurance company as a result of any claims you file.

I understand and accept that it is ultimately my obligation to pay for any and all physical therapy services rendered by Mind Body Works, regardless of my insurance coverage. I understand that if my outstanding balance becomes more than 90 days past due, I will be responsible for paying interest at 1.5% per month on that balance due until the balance is paid in full. I further understand that I am also responsible for paying any and all fees associated with collection of my outstanding balance should legal counsel or a collection agency become necessary. Collection fees are currently 40-50% of the balance due including interest.

I hereby acknowledge that I have read this contract in its entirety and have had all of my questions concerning it answered. I fully understand this contract and agree to its terms.

Patient/Responsible Party Signature

Date