



Inner Strength
PELVIC PHYSICAL THERAPY

Brande Moffatt, PT, MPT, PRPC
2701 Old Eureka Way, Suite 1K
Redding, CA 96001
Phone: (530) 242-1728
Fax: (530) 242-1768

ADDENDUM FOR PRIVATE PAY

This notice is to inform you that the initial 60 minute new patient eval/treat will be \$200. All subsequent follow-up visits will be \$165 per each 1 hour visit.

With my signature, I am acknowledging that I understand payment is due at the time services are rendered.

Please be advised that we collect a \$75.00 no-show fee for cancellations with less than 48 hour notice. Late arrivals will be charged the fee for the entire visit.

I have read the above information and I consent to physical therapy evaluation and treatment.

Print Name: _____ Date: _____

Patient/Guardian Signature: