WEST WOODLANDS
PHYSICAL THERAPY

2026 PROMPT PAY DISCOUNT

Patient Name: _____

The patient acknowledges that he/she has been advised of the Prompt Pay Discount guidelines. Patient and Clinic agree that the payment of $120 for the Initial Evaluation and then $100 for each additional visit, with payment made at or before the time of treatment, shall be payment in full. If the payment of $120 for the Initial Evaluation and then $100 for each additional visit is not received at or before the time of treatment, the Prompt Pay Discount shall be null and void for that visit, and total charges shall be due immediately.

Any charges remaining after the payment of $120 for the Initial Evaluation and then $100 for each additional visit shall be written off by the Clinic.

The Patient's Insurance will not be billed.

_____ _____

Patient / Guardian Signature Date

_____

Witness

West Woodlands Physical Therapy