

MEDICAL & SPORTS

REHABILITATION CENTER, INC.

Physical Therapy Occupational/Hand Therapy Speech Therapy

661 Goodlette Rd N * Suite 101 * Naples, FL 34102 * Phone: 239-261-4592

Dear: _____
(Adjustor/Case Manager)

Date: _____

We are confirming your request that a Work Hardening/Conditioning Program is be performed on the below mentioned patient. **The list of charges is to be paid in full regardless of contractual agreements or fee schedules.**

Work Hardening/Conditioning Initial Evaluation: \$400.00 @ 2 hours

Work Hardening/Conditioning Daily Treatment: \$100.00 per day @ 2 hours

Work Hardening/Conditioning Daily Treatment: \$50.00 per day @ over initial 2 hours

It should be noted that our facility will allow one re-scheduled appointment or no-show. After the first missed initial appointment a balance of \$200.00 must be paid immediately to Medical & Sports Rehabilitation Center for each date thereafter that a scheduled initial appointment is missed. Please sign below to confirm that the full amount will be paid for the Work Hardening/Conditioning Program as well as \$200.00 if applicable for each missed initial appointment.

Name of Patient: _____

Date of Initial Appointment: _____

Signature of Authorized Personnel

Printed Name of Authorized Personnel

Date