



JOUBERT PHYSICAL THERAPY

15332 Antioch St., Suite 170 ♦ Pacific Palisades, CA 90272

Phone: 310-385-9064 ♦ Fax: 310-388-6033

E-mail: karenjoubertpt@gmail.com

SELF PAY INTAKE & AGREEMENT

Patient Information

First Name: _____ Date: _____

Last Name: _____ Birth Date: _____

Street Address: _____ Sex: Male Female

City: _____ State: _____ Zip: _____ (H) Phone #: _____

Email: _____ (C) Phone #: _____

Date of Injury: _____ (W) Phone #: _____

Body Part Being Treated: _____

House Call Rates:

Please call Karen at 310-385-9064. Rates vary depending on location and drive time.

Extra charges for durable goods, supplies, and other purchases may apply.

By signing this form I agree:

- I authorize Joubert Physical Therapy to provide physical therapy treatment(s) as is prescribed by my doctor and/or determined to be appropriate by my treating physical therapist.
- Treatment or consultation (visit) is provided on a SELF PAY / CASH basis only and are due and payable at time of service.
- This office will not submit any payments or authorization requests to any insurance company on your behalf.
- Missed appointments or appointments cancelled under 24 hours from the scheduled visit time will be charged at 50% of established House Call rate.

I have read, fully understand and accept the terms of this agreement in whole and agree to be responsible for all present and past payments due.

Patient Signature

Date