



Time of Service Agreement

In the event that there are no insurance benefits, I hereby agree to pay Broadway Physical Therapy and Sports Rehabilitation, LLC the discounted rate of \$90.00 per hour for physical therapy on the date of service rendered.

Payment records will be kept in receipt form only. No formal billing will take place, therefore, payment records will be minimal and will not be sufficient if claims are made in the future.

Name _____
(please print)

Signature _____

Date _____