



Policies

Appointments

Please arrive on time for your appointment/class. We recommend you print and fill out your paper work prior to your 1st appointment, forms are found on our website under services.

Capital Wellness has a **24 hours Cancellation Policy** for all appointments/classes.

*A **\$50 late cancel fee** will be charged for all **physical therapy** and **acupuncture appointments** canceled less than 24 hours.

*All **Pilates, Yoga and Massage sessions** canceled less than 24hours will be **charged in full**.

We appreciate your consideration.

We **require reservations** for all classes/appointments prior to session. We may cancel a class due to low enrollment so please sign-up ahead of time. You may schedule your appointment online through our website or on MindBody Online. Our classes are updated frequently, please visit our scheduling system to see if class has been canceled or call (240) 390-6020.

If you are signed up for a 60/30 minute duet or trio class and **your partner early cancels**, you will be charged a reduced additional fee to keep your appointment.

60minute/30minute Duet to Private additional fee: \$20/\$10; Trio to Duet additional fee: \$10/\$5; Trio to a Private: \$25/\$12.50. Prices subject to change.

Packages

All packages expire 3 months after start date. A \$10 charge will be applied to extend a package 3 weeks past it's end date.

Packages are non-transferable and non-refundable.

Informed Consent, Release and Waiver

Capital Wellness requires all to sign their Policy, Health Questionnaire and Release and Waiver forms prior to any session at Capital Wellness.

If you have a medical condition, past or recent, it is your responsibility to inform your instructor/practitioner prior to class/appointment.

House Keeping

We like to keep our facility tidy, so please place your belongings in the cubbies provided prior to your class/session.

Please refrain from any cell phone in our facility to minimize disruption to others.

Please wipe down equipment after use with cleaning wipes provided.

Return equipment to proper storage place after use.

Please Turn over to Read Further Policies, Signature Required



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Parking

There is ample surface parking in front of our building. To offset the cost for parking we provide \$2 parking stamps for purchase, which provides for 1 hour and 15 minutes parking time. Any additional time over the 1 hour and 15 minutes is the client's responsibility.

Payment

All **Yoga and Pilates classes** are to be **paid prior to appointment**. An up to date credit card is to be on file to keep account current. We are a small business so maintaining a current account is important to us.

In order for Capital Wellness to provide one-on-one **physical therapy services or other services**, we have developed a fee for service billing system that requires your **payment at time of service**. Capital Wellness is an out-of-network provider, it is recommended that each patient check on their insurance out-of-network benefits prior to the initial date of service. Patients will be given appropriate billing documentation that they can submit to their insurance carriers. It is your responsibility to follow-up with your insurance company after the submission of claims to ensure that claims are processed correctly.

Your signature below indicates you are financially responsible for all charges incurred and that outstanding balances over 90 days can be processed by a Collection Agency.

Prescriptions

Direct Access is approved in Maryland and Washington DC, in which patients can be evaluated and treated by licensed physical therapist without prescription. It is recommended that you check with your insurance company on whether they require physician prescription for physical therapy or not for reimbursement purposes. If a prescription is required, it is your responsibility to keep your prescriptions up to date.

Acknowledgement

I have read and understand the above policies and agree to abide by the terms for these policies. I agree that I am responsible for all charges not covered by my insurance.

Patient/Clients's Name

Date

Patient/Client's Signature

Guardian's Signature if under 18 yoa

Date

Please Turn over to Read Further Policies, Signature Required