



725 North Wilcox St.
Castle Rock, CO 80104
Phone & Fax: (720) 457-5535
Info@nolimitsphysicaltherapy.com



Insurance Denials

No Limits PT, LLC will submit authorizations and medical records when required by your insurance company. If your insurance denies services, you will be charged our cash rate of \$75/visit for those denied visits. By signing below, you understand and agree to pay \$75/visit if your insurance denies any of your visits.

Print Patient Name (Print)

Print Responsible party (if other than patient)

Patient (or responsible party) Signature

Date