DRY NEEDLING POLICY

***Dry Needling cash ONLY $45/session***

This visit will ***NOT*** include:

\*Initial Evaluation

\*Therapeutic Exercise

\*Manual Treatment

\*Ultrasound

\*\*\*This visit will NOT be submitted as a PT visit to your insurance company\*\*\*

***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing above, you agree to the above Dry Needling Policy and have any questions regarding payment answered.***

***Thank you for your understanding of our policy regarding Dry Needling. If you have any questions, please don’t hesitate to let us know.***

***Thank You,***

***Integrated Physical Therapy Team***