CUPPING POLICY

***Cupping-cash ONLY $15/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\*\*\*

*\*This payment will be collected at time of service\**

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

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

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

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

***Thank You,***

***Integrated Physical Therapy Team***