

Physical Therapy Treatment Cost Evaluation

Date: [Insert Date]

Patient Name: [Insert Patient's Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Treatment Overview

We are writing to provide you with a detailed evaluation of the costs associated with your upcoming physical therapy treatments.

Breakdown of Costs

Treatment Session	Duration (minutes)	Cost per Session
Initial Assessment	60	\$100
Follow-Up Session	45	\$75
Specialized Treatment	30	\$50

Total Estimated Cost

Total Estimated Cost for [Insert Number of Sessions] Sessions: \$[Insert Total Cost]

Insurance Information

Please check with your insurance provider regarding coverage for physical therapy treatments.

Next Steps

If you have any questions or would like to proceed with scheduling your sessions, please contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]