

Central Coast Lymphedema Therapy
1061 Murray Ave., San Luis Obispo, CA 93405
(805) 782-9300 – Fax (805) 782-9700
Email – cclymph@hotmail.com

Patient Name: _____

Date: _____

Estimated cost of **bandaging supplies**: \$ _____

Estimated cost of **compression garment(s)**: \$ _____

Estimate cost of night **compression garment(s)**: \$ _____

I understand that this is only an **estimate**. Additional costs may be incurred during the course of my treatment. These additional costs will be discussed with me with as much advance notice as possible.

I understand that the cost of compression bandaging supplies and compression garments may not be covered by my insurance. It is my responsibility to submit costs to my insurance for reimbursement if I wish.

CCLT requires payment of compression bandaging supplies on or before the last day of treatment. Payment for standard sized compression garments is required upon delivery. All custom orders require 50% payment before an order is placed, with the remainder due upon delivery.

I have read and understand this estimation of costs and CCLT payment policy.

Client Signature

Staff Signature