

Welcome to our physical therapy practice!

We understand that you have various options in selecting a healthcare provider and we are honored that you have chosen us for your new path towards healing. Our compassionate staff is committed to providing our patients with the highest quality of care possible.

Please initial:

_____ **Consent to Treatment:** I hereby consent to evaluation and treatment by my physical therapist.

_____ **Medical Release:** I hereby give permission to release my medical information to my insurance company, physician, attorney, assignees and/or beneficiaries.

_____ **Assignment of Benefits:** I authorize payment of my insurance benefits directly to my physical therapy provider for all services rendered. This assignment will remain in effect until revoked by me. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

_____ **HIPAA (Health Insurance Portability & Accountability Act):** This authorizes that I have been given and read the Notice of Privacy Practice Act.

_____ **No Show Policy:** After your second No Show, you will be discharged from therapy.

_____ **Financial Policy:** Understanding of our financial policy is an essential element of your care. This authorizes that I have been given and read the Financial Policy. Please ask if you have any questions about our fees, our policies, or your responsibilities.

By signing below, I state that I have read and/or been advised of the above policies.

Patient Name (please print): _____

Signature: _____ Date: _____