



Physical Therapy Solutions
Solutions for an ACTIVE life

CONSENT FORM

****IT IS IMPORTANT THAT THE PATIENT CHECKS HIS/HER PHYSICAL THERAPY BENEFITS WITH HIS/HER INSURANCE COMPANY, AS ALL POLICIES HAVE DIFFERENT BENEFITS AND LIMITATIONS.****

FINANCIAL RESPONSIBILITY

I realize my insurance is billed as a courtesy. I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance, unless my insurance carrier has a provider agreement with Physical Therapy Solutions, P.C.. ****There will be a \$25.00 charge for all returned checks.****

ASSIGNMENT OF BENEFITS & CONSENT FOR TREATMENT

I consent to the plan of care and treatment by the therapist and/or his/her assistants/interns. I hereby authorize payment of medical benefits directly to Physical Therapy Solutions for services and/or supplies furnished. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account. I further authorize the release of any medical information required to process my insurance claim. If this is a work comp claim, the authorization extends to my employer, work comp insurance company, adjuster, occupational health specialist, rehabilitation specialist, case manager or representative of my employer. I permit a copy of this authorization to be as valid as the original.

Athletes and/or students: I authorize the release of my treatment status and/or restrictions from school PE class and/or sporting activities to coaches, athletic trainers, and/or PE teachers by my physical therapist when it is necessary.

CANCEL/NO-SHOW POLICY

Physical Therapy Solutions considers Cancellation of Your Appointment or Not Showing for Your Appointment a serious issue, because it can make the difference between whether you will or will not attain your treatment goals.

- **We appreciate at least 2 hours advance notice of cancellation of appointment.**
- **We recommend rescheduling an alternative appointment in order for you to receive the prescribed frequency of treatments for the week.**

MEDICARE PATIENTS:

Throughout the year, Physical Therapy Solutions will be participating in a Quality Initiative with Medicare by reporting on certain aspects of your treatment. This reporting is **only** for Medicare's use and will **not** affect your coverage.

****I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW AND OFFERED A COPY OF PHYSICAL THERAPY SOLUTIONS "NOTICE OF PRIVACY PRACTICES"****

THIS CERTIFIES THAT I HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATIONS AND I AGREE TO THEM.

Patient Signature

Date

Staff Signature

Date