

PATIENT AGREEMENT FORM

Thank you for choosing Corinthian Physical Therapy. In order to facilitate your treatment here we ask that you read and sign this agreement and authorization.

- A scheduled appointment must be cancelled at least **24 hours in advance**, otherwise a fee of *\$100.00* will be charged.
- Fees due to Corinthian Physical Therapy for co-payment, deductible, cancellation fees and treatment fees not covered by medical insurance are to be paid at the time of treatment or as otherwise agreed by Corinthian Physical Therapy.
- To the extent agreed by Corinthian Physical Therapy, we will bill your insurance carrier as a convenience to you. However, in the event your insurance company does not cover your physical therapy, you are responsible for payment of all fees. If your carrier reimburses you, you agree to inform us of the receipt and pay us promptly.

CONSENT FOR MEDICAL TREATMENT

I hereby authorize and request Corinthian Physical Therapy to provide such medical care and administer procedures and treatments as in the judgment of the physical therapists in attendance and deemed necessary and advisable.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR INSURANCE BENEFITS

I hereby authorize and direct Corinthian Physical Therapy, having treated me, to release to government agencies, insurance carriers, or others who are financially liable for my care, all information needed to substantiate payment for my care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

ASSIGNMENT OF BENEFITS

I hereby assign, transfer and set over to Corinthian Physical Therapy sufficient monies and/or benefits to which I may be entitled from insurance carriers or others who are financially liable to cover the costs of the care and treatment rendered to myself or my dependent by Corinthian Physical Therapy. I understand that I am financially responsible for all charges whether or not covered by my insurance or any other party.

Signature of Patient

Date

Print