

ASSIGNMENT BY RESPONSIBLE PARTY/FILE SIGNATURE

In consideration of any medical care provided to the patient named below, I assign to Total Joint Rehabilitation, Inc. all my right to any and all medical insurance benefits to which I am or may be entitled by any health plan. This assignment will remain in effect until revoked by me in writing. A copy of this assignment is to be considered as valid as an original.

Patient Signature

Date

PATIENT CONSENT FORM

I hereby authorize Total Joint Rehabilitation, Inc. and any of their representatives to provide physical therapy to myself or to any minor (under age 18) that I represent. I understand that by signing this form I am, or the minor I represent, consenting to treatment.

Patient or Guardian Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand by signing this form I am authorizing Total Joint Rehabilitation, Inc. to release any and all pertinent information regarding my physical therapy to my Doctor, Insurance Co., Attorney, etc.

Patient Signature

Date

PAYMENT POLICY

Most insurance companies and Medicare will only pay a maximum of 80 percent of physical therapy charges. I understand that I am responsible for any balance after my insurance considers their liability. I understand that it is my responsibility to check if physical therapy is a covered item in my medical insurance plan. I also understand that I am responsible for any referrals and any limitations (number of visits) that my insurance plan may have. I also understand that Medicare and most insurance companies will not pay for books, lumbar, cervical pillows and heel lifts. We will not bill those items to your insurance and you will be responsible for them. I agree fully and personally to be responsible for any payments that my medical insurance does not make. I AM AWARE THAT I AM ULTIMATELY RESPONSIBLE FOR MY BILL.

Patient's signature (or guardian's signature if patient is a minor)

Date _____

Per phone call to your insurance company, your benefits were stated as follows:

*This does not guarantee payment by your insurance company.

Initial & Date _____