

ASSIGNMENT BY RESPONSIBLE PARTY/FILE SIGNATURE

In consideration of any medical care provided to the patient named below, I assign to Total Joint Rehab 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 CONSENT FORM

I hereby authorize Total Joint Rehab 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.

AUTHORIZATION FOR RELEASE OF INFORMATION

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

PAYMENT POLICY

Medicare and private insurance providers will only consider 80 percent of physical therapy fees. 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 benefit by my medical insurance plan. I also understand that I am responsible for any referrals and any limitations (number of visits or dollar amount) that my insurance plan may require. I also understand that Medicare and private insurance companies do not pay for supplies or supplements. I am responsible for 100% of the cost of those items. 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 _____

Additional Consent

Occasionally we have observers in the clinic. I consent to treatment in the presence of an observer as allowed by Total Joint Rehab. Initial _____