

Health Insurance and Financial Responsibility

As a health care provider, **Penn-Trafford Physical Therapy** will do our best to notify you of any insurance exempt services that may be necessary for your rehabilitation. It is **patient responsibility for knowing their insurance benefits for physical therapy**. If you do not know your benefits, please call your health insurance provider. Proceed through the remainder of the document **by initialing in the boxes along the right if you confirm that you read and understand each section**.

A. ASSIGNMENT OF BENEFITS TO OTHER HEALTH INSURANCE CARRIERS

I authorize my health insurance carrier to make payments of any benefits to which I may be entitled for health services or supplies directly to Penn-Trafford Physical Therapy.

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B. FINANCIAL RESPONSIBILITY

I agree to pay for all services provided to me to the extent that such are not fully reimbursed by my health insurance program.

C. RELEASE OF MEDICAL RECORDS

I authorize Penn-Trafford Physical Therapy to release records of my evaluation and treatment and disclose any confidential information therein to any health insurance carrier for the purpose of obtaining payment or reimbursement for the physical therapy services or supplies that I have received.

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that Penn-Trafford Physical Therapy has shown me Notice of Privacy Practices for protected health information.

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CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my condition by a licensed physical therapist employed by or under contract with Penn-Trafford Physical Therapy. The physical therapist has fully explained to me the nature and purpose of the procedures. The physical therapy has informed me of expected benefits and possible complications or discomfort which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving NO treatment.

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CANCELLATION POLICY

Penn-Trafford Physical Therapy understands that there are times when you must miss an appointment due to emergencies or obligations. However, we expect that you keep all your appointments. In an instance of cancellation without 24-hour notice or no-show to a scheduled appointment, we reserve the right to charge you a \$15.00 fee.

I hereby certify that I have explained the nature, purpose, benefits, risk of and alternatives to, the proposed evaluation and treatment. I fully offer to answer questions and have fully answered all such questions. I believe the client/relative/guardian fully understands what I have explained and answered.

Physical Therapist Signature: _____ Date: _____

Patient/Guardian Signature: _____ Date: _____