

# Renew Physical Therapy

## CONSENT FOR CARE & TREATMENT

I, the undersigned, do hereby agree and give my consent for Renew Physical Therapy to furnish medical care and treatment considered necessary and proper in diagnosing or treating my injury, illness or condition. . I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my condition, prior to treatment. I consent and authorize Renew Physical Therapy to administer treatment under the direction and supervision of the physical therapist.

Patient/Guardian/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

## BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I hereby instruct my insurance company or attorney, to pay Renew Physical Therapy any benefits allowable for any professional services rendered to me by this office. Any sum of money paid under this assignment shall be credited to my account. Also any pending litigation concerning accidental injuries, including auto is a personal matter between the patient and other parties and does not involve Renew Physical Therapy. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance, and third party payors to Renew Physical Therapy. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

Patient/Guardian/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL POLICY STATEMENT

We bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill when the services are rendered. We require that arrangements for payment of your estimated share be made today. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. In the event that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company. In the event your company establishes an internal *usual and customary fee schedule*, you will be responsible for the difference remaining. We apply California State Tax when appropriate; your insurance may not cover the tax. If it does not, you are responsible for the tax. All checks returned for insufficient funds are subject to \$20 fee.

If any payment is made directly to you for services billed by us, you recognize an obligation to promptly submit same to Renew Physical Therapy. If your insurance carrier changes please inform the front desk to avoid being charged.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

## **I UNDERSTAND MY RESPONSIBILTY FOR THE PAYMENT OF MY ACCOUNT.**

Patient/Guardian/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFORMATION PRIVACY

Renew Physical Therapy will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution.

## **THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THIS INFORMATION.**

Patient/Guardian/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Representative/Witness Signature \_\_\_\_\_ Date \_\_\_\_\_