

APEX PHYSICAL THERAPY TREATMENT AGREEMENT

General Consent to Care

I, the undersigned, hereby consent to physical therapy care and treatment as deemed necessary and proper by the staff at Apex Physical Therapy. If patient is a minor under the age of 18, a parent or legal guardian must sign this agreement.

Billing Policy

As a courtesy to the patient, it is the policy of Apex Physical Therapy to provide the service of billing the patient's insurance company for services regularly covered under the patient's policy. This service is limited by conditions and exclusions as indicated in the policy holder agreement. While many insurance plans will typically cover services provided by Apex Physical Therapy, insurance coverage varies between plans and the patient is ultimately responsible for charges for services rendered to the patient. Deductibles, co-payments, and other restrictions for services or fees not specifically covered according to policy may limit your insurance coverage. We strongly advise that you check with your insurance company to fully understand the coverage provided through your insurance plan and any limitations in therapy services.

Assignment of Insurance Benefits

I authorize insurance payment benefits to be paid directly to Linda Little Croteau, PT or Apex Physical Therapy. I understand that insurance may not pay for all the services I receive, and that I am responsible to pay for services or materials provided to me that are not paid by the insurance.

Release of Information

I authorize Apex Physical Therapy to release any information necessary to process my claims and to inform my primary provider or physician, lawyer, insurance company or employer of my status.

Signature of Patient / Guardian _____

Date _____