

Antos Physical Therapy

Patient Authorization and Guarantee

Consent of Treatment

I hereby consent to such treatment procedures and patient care which, in the judgment of my therapist, may be considered necessary or advisable while I am a patient of Antos Physical Therapy.

Release of Information

I hereby authorize the release of any information including reports of diagnosis, treatment, prognosis, recommendation, benefits payable, as well as any other data pertinent to my treatment, by Antos Physical Therapy, as well as any organization responsible for payment of my account.

Guarantee of Account

I hereby guarantee payment for any and all services rendered to me in which are not covered or allowable by insurance, together with collection costs. I understand that there may be a charge for supplies that are needed during my course of treatment that will not be covered by my insurance for which I am financially responsible. I also understand that I have a co-payment, co-insurance and/or deductible which I am fully responsible for paying. I understand that it is ultimately my responsibility to understand my insurance benefit limitations and payments. I will immediately notify Antos Physical Therapy of any changes in my insurance coverage while receiving physical therapy.

Cancellation Policy

I understand that in the event that my appointment becomes inconvenient requiring a cancellation, it is required to give Antos Physical Therapy a **24 hours notice of intent to cancel.**

In the event that **I do not show for a scheduled appointment**, and have not contacted Antos Physical Therapy, **I will be charged \$ 45.00 for a no show/late cancellation fee.**

Privacy Policy

I acknowledge that I have received the Notice of Privacy Practices from Antos Physical Therapy. I understand that it is my responsibility to review the document and seek for clarification if I do not understand some or all of the content in the document.

By signing this document I acknowledge my consent to the above.

Signature: _____

Date: _____

Consent to treat a minor: By my signature below, I hereby authorize Antos Physical Therapy to administer physical therapy to my child or dependent as they deem necessary.

Signature of parent/guardian: _____

Date: _____