



### **Consent for Care and Treatment**

I, the undersigned, do hereby agree and give my consent for Kirkland Physical Therapy, Inc., PS, to furnish medical care and treatment to \_\_\_\_\_ considered necessary and proper in diagnosing or treating his/her physical and mental condition.

### **Benefit Assignment/Release of Information**

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, Medicaide, private insurance and third party payors to Kirkland 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.

### **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. 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 carrier requests a refund of payment made, you will be responsible for the amount of money refunded to your insurance carrier. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit same to Kirkland Physical Therapy.

The above does not apply for those patient's that are considered Workers Compensation, however be advised if you claim workers compensation and are subsequently denied such benefits, you may be held responsible for the total amount of charges for services rendered to you.

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.

### **Patient Responsibility**

The patient is responsible for keeping all scheduled appointments, and for arriving on time. We require 24 hours notice for canceled appointments. Patient's arriving late may have their treatment time adjusted accordingly. Two consecutive No-Show appointments will result in future scheduled appointments being cancelled. You are responsible for verifying with your insurance company physical therapy benefits/coverage.

### **Medicare Policy**

Medicare currently has a new policy which requires a Doctors referral/status report every 30 days. Patient is required to see referring physician every 30 days after an initial 60 day treatment period. Patient needs to show signs of improvement for continued coverage. Medicare will not cover charges for supplies such as lumbar rolls, cervical rolls, etc. If you wish to have Medicare pay for these items they must be purchased from a medical supply store. Just a reminder, we do not bill secondary insurance. Thank you

Signed: \_\_\_\_\_

Date: \_\_\_\_\_