KIRKLAND PHYSICAL THERAPY NOVELTY HILL PHYSICAL THERAPY

Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for Kirkland Physical Therapy, Inc, P.S. and or Novelty Hill Physical Therapy to furnish medical care and treatment to ______________________________ considered
Print Your Name
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, Medicaid, private insurance and third party payors to Kirkland Physical Therapy, Inc, P.S. and or Novelty Hill 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, Inc, P.S. and or Novelty Hill Physical Therapy.

The above does not apply for those patients 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. Patients arriving late may have their treatment time adjusted accordingly.

Effective November 1, 2014, a $50.00 fee will be charged to all patients that no show or cancel without a 24 hour notice.

Medicare Policy

Medicare's current policy states that your physician must recertify your Plan of Care every 90 days, unless another time interval is requested by the physician. Medicare does not cover medical supplies. If you wish to purchase a medical supply item you will be asked to sign an Advanced Beneficiary Notice of Non-coverage (ABN).

Novelty Hill Physical Therapy is a satellite clinic of Kirkland Physical Therapy, Inc., P.S.

Signed: ________________________________ Date: ________________________________