



Consent for Care and Medical Treatment

I, the undersigned, do hereby agree and give my consent for Physical Rehabilitation Group, LLC to furnish Physical Therapy services to (patient name) _____ considered necessary and proper in treating his/her physical condition.

Patient/Guardian signature

Date

Financial Policy Statement

We bill your insurance carrier as a courtesy to you. Your insurance company and/or Medicare has developed maximum fee schedules for rehabilitation and other services and they **may** or **may not** cover all charges incurred during your treatment.

Please be advised that you are responsible for the total charges or any remaining balance following payment by your insurance company. If you do not feel your insurance company has made adequate payment, please contact them to discuss this matter.

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

The above information has been read and explained to me. I understand my responsibility for the payment of my account.

Name _____

Date _____