

# *Pinnacle Physical Therapy*

## **CONSENT FOR CARE AND TREATMENT**

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

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **FINANCIAL POLICY STATEMENT & NOTICE OF PRIVACY PRACTICES**

We bill your insurance carrier as a courtesy to you. You are responsible for the bill when the services are rendered. If you wish to make a payment arrangement for your portion of the bill we can do that at time of service.

If any payment is made directly to you for services billed by us, you recognize and obligation to promptly remit the same amount to Pinnacle Physical Therapy / Pinnacle Rehabilitation Network, L.L.C.

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

If you pay by check, and your check is dishonored or returned for any reason, we will expect payment in full plus a returned check fee within 30 days of the returned check.

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.

I acknowledge that I have received a copy of my provider's **Notice of Privacy Practices**.

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **BENEFIT ASSIGNMENT**

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Medigap, Medicaid, private insurance and third party payors to Pinnacle Rehabilitation Network L.L.C, Pinnacle Physical Therapy.

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Pinnacle Rehabilitation Network, L.L.C. Affiliate