

Consent regarding Medical Insurance

Medical insurance plans continue to change and are expecting individuals to be financially responsible for more of their medical costs. Since we feel strongly that our patients deserve the best physical therapy care we can provide, and in an effort to maintain a high quality of care, we would like to share some facts about medical insurance with you.

We consider our relationship with you to be of primary importance and will always make our recommendations to you based on what we believe is the very best treatment for you regardless of your insurance coverage. As the patient, it is your responsibility to deal with your insurance company and your employer. We will assist in any way possible to maximize your health insurance benefits; however you are responsible for understanding your insurance policy.

-Medical Insurance is not meant to be a “Pay-All”, it is only meant to aid.

-Many plans tell their insured that co-payments are a certain amount but when verified they may be more if your plan considers physical therapy as a “specialist”. Some plans expect your percentage payment to be more, some expect less. The amount your plan pays is determined by the contribution you and your employer make to your medical plan. It is your responsibility to advise us of your insurance coverage restrictions.

-Each plan utilized in our office has different percentages, deductibles, maximums, procedures covered and varying fees that the plan will allow. We will do our very best to make as close a calculation as possible, however, we cannot estimate precisely.

Consent regarding Physical Therapy Evaluation and Treatment

By signing this, I hereby consent to the rendering of a physical therapy evaluation and treatment as deemed appropriate by the treating therapist. I have the right to decline treatment at any time. Your therapist will explain your physical therapy diagnosis and discuss treatment recommendations with you. We strive to provide the highest quality care with minimal discomfort, however, some conditions require “pushing into pain” and we will do our best to make you as comfortable as possible afterwards through the use of pain management modalities. Physical therapy as any other type of medical care is most effective if you participate according to the plan of treatment agreed upon with your therapist. If at any time you have questions concerning the type of services delivered or how your services rendered, please talk with your therapist. Remember, we are here to provide you with the best care available in order to improve your quality of life through physical therapy.

- I authorize the release of all necessary information to my primary care provider and/or referring physician
- I authorize payment benefits directly to the provider
- I authorize the release of my information to _____ in regards to my care and/or status.
- I have read this form and agree to be financially responsible for all fees regardless of insurance coverage
- I have read this form and agree to all consent regarding physical therapy treatment and evaluation

Signature: _____ Date: _____