



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.

Please initial below for consent to each of the following:

- I authorize payment benefits directly to the provider, Physical Therapy Group, Inc.
- I have read this form and agree to be financially responsible for all fees regardless of insurance coverage.
- I agree, in order for you to collect any amounts I may owe, Physical Therapy Group, Inc. may contact me by telephone at any telephone number associated with my account, including wireless telephone, which could result in additional charges to my cell phone carrier’s account.
- I have read this form and agree to all consent regarding physical therapy treatment and assessment.

Signature: _____ Date: _____