



Miri Ingwer, PT, DPT, CFMT
Absolute Rehab Therapy
6971 N. Federal Highway Ste 305
Boca Raton FL 33487

Private Pay

Consent to Treat & Financial Agreement 2021

Absolute Rehab Therapy
A.R.T. in Motion

I, _____, hereby consent to the therapeutic procedures outlined below, to be performed by **Miri Ingwer, PT, DPT, CFMT** and/or _____ at Absolute Rehab Therapy. These procedures can be performed exclusive of a Doctor's prescription for a period of 21 days. Following this time, as per the Statutes governing Physical Therapy in the state of Florida- A Physician's prescription must be obtained by the patient in order for a continuation of said services/treatment beyond 21 days for a condition not previously assessed by a practitioner of record.

- ✓ I agree to be evaluated and treated for functional loss due to related nerve, muscle and skeletal dysfunctions and/or pain.
- ✓ I understand that therapeutic procedures can include but are not limited manual therapy including joint & soft tissue mobilization, therapeutic exercises, functional postural training and body mechanics . back education and muscle re- education including PNF and other techniques. When needed, other modalities such as heat, ice and/or electrical stimulation may be used for pain and swelling modification.
- ✓ I understand that I will be informed of and educated in the treatment protocols prior to receiving treatment, and I may refuse any therapeutic procedure or treatment at any time.
- ✓ I understand that come Manual techniques may result in soreness and/or bruising. With any change in my pain, I will contact my therapist accordingly.
- ✓ I understand that I may consult with a physician at any time regarding my condition.
- ✓ I understand that I may purchase the needed exercise equipment that may be recommended to me by Absolute Rehab Therapy from any source; but that this is not mandatory to my continued treatment.
- ✓ I consent to inform my therapist of any /all medical conditions that I have or have had in the past, which may impact my treatment - even if it seems not to pertain to my condition.
- ✓ I consent to signing a credit card authorization form to kept on file for payment due on any unpaid balance at the time of services are rendered.

Treatment sessions are either 30 or 60 minutes in length, consented to and based on the recommendation of Dr. Ingwer or another rendering physical therapist.

Initial Evaluation/Treatment.....\$285.00
Mini Evaluation/Treatment.....\$255.00
Follow-up Visits/Treatment.....\$235.00
 *\$210 for 2nd appointment in the same week
 **\$185 45 Minute Appt (restrictions apply)
 ***\$135 30 Min Appt (restriction apply based on availability)
 Ask us about our prepaid package deals

Please note that payment for the session will be due in full upon services rendered.

Signature: _____ Date: _____

I, the above signed, certify that I have read and understand the consented statements outlined in this document. I agree to pay for services rendered in accordance with the above referenced fee schedule for timed treatment, unless special arrangements have been made in advance.