Perform for Life Physical Therapy
• PERFORM BETTER. LIVE BETTER •

537 Baltimore Annapolis Blvd, Ste D
Severna Park, MD 21146
(410) 991-6978

Consent to Treat:

I hereby grant permission to Perform for Life Physical Therapy to evaluate and administer treatment required for my condition and any other disclosed conditions, to apply for benefits from my insurance carrier(s) listed, and I authorize payment of the medical benefits directly to Perform for Life Physical Therapy, if any, otherwise payable to me for services rendered by Perform for Life Physical Therapy. Additionally, I authorize Perform for Life Physical Therapy to disclose complete medical information concerning the diagnosis for which I am being seen to any other payer or collateral that will pay part or all of the medical bills. I also understand that it is my responsibility to know my insurance benefits and coverage limitations and will be responsible for any service that my insurance carrier does not cover.

Patient Signature/Guardian if applicable: ____________________________________Date: ______________________

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Financial Agreement:

I understand that all financial obligations for services are due from me when treatment is rendered. I also understand that I am completely responsible for medical treatment, including any fees charged for returned checks, regardless of any payer, third-party interest, or the resolution of any legal action or lawsuits in which I may be involved. I further understand that Perform for Life Physical Therapy reserves the right to pursue delinquent accounts via third -party collection agencies or attorneys. In the event my bill is referred for collection, I agree to pay all collection agency fees in addition to the amount owed for services rendered (as applicable by state guidelines).

Patient Signature/Guardian if applicable: ______________________________________Date: ___________________

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Attendance Policy:

Your attendance is critical to the success of your program, therefore, missed appointments or failure to reschedule any visit within 24 hours prior to the scheduled time, may be charged a fee of $75. We understand that sickness or unforeseen circumstances may arise, but our therapists' time is invaluable and in order to continue to provide our one -on-one care we need to collect for the entire session of time. Any late arrival greater than 15 minutes will incur a $20 fee, not submittable to insurance and in addition to any copay/coinsurance/deductible payments.

Patient Signature/Guardian if applicable: ______________________________________Date: ___________________

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_______(Initial) I agree and grant Perform for Life PT the right to take photographs and video of me in connection with physical therapy and authorize them to use and publish the same in print and /or electronically with or without my name for any lawful purpose including advertising publicity and web content.

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HIPAA Policy Acknowledgement (Initial One):

______I hereby acknowledge that I have been provided with a copy of the Notice of Privacy Practices.

______I hereby acknowledge that I have been provided with a copy of the Notice of Privacy Practices, but decline to accept it at this time