



TERMS OF ACCEPTANCE AND CONSENT TO TREATMENT

Compliance with your physical therapy appointments is very important for your recovery. Please take full advantage of your physical therapy sessions by arriving on time. Please notify us if you are going to be more than 10 minutes late. You may need to reschedule your appointment. If you fail to meet 3 consecutive appointments, we will notify your doctor and employer (if applicable) and you may be discharged from our care.

There will be a **\$50.00 charge** for missed appointments not canceled with 24-hour notice prior to the appointment. (*Refer to CC Auth Form*) _____ (Initial)

The information obtained from your insurance company is a quote of benefits, not a guarantee. Your Explanation of Benefits (EOB) will determine your ultimate financial responsibility. _____ (Initial)
Once these benefits have been determined, payments of any copays or annual deductibles are required at the time services are rendered. _____ (Initial)

HIPPA compliance and health privacy information can be found at <https://www.hhs.gov/hipaa>
I have read and I understand the information above and I agree to comply.

Signature: _____ Date: _____

It is the responsibility of the patient to make it known, or to learn through healthcare procedures whatever it is he/she is suffering from; latent pathological defects, illnesses or deformities that would otherwise not come to the attention of the treating practitioner. The treating practitioner provides a specialized, non-duplicating health care service, and furthermore, any risk involved regarding physical therapy will be explained to you upon your request. Your treating practitioner is licensed in a special practice and is available to work with other types of physicians, practitioners and providers in your health care regimen.

Consent to Treat:

I, _____ give consent to the staff of Busybody Fitness & Rehab to treat me for physical therapy services that will be rendered.

Signature: _____ Date: _____

Consent to Evaluate and Treat a Minor

I, _____ being the parent or legal guardian of _____, have read and fully understand the above terms of acceptance and hereby grant authorization for my child to receive physical therapy services.

Signature: _____ Date: _____