

## Core Physical Therapy Consent to Treat and Assignment of Insurance Benefits

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

*I give my consent to Core Physical Therapy therapists to provide treatment, examination, and/or evaluations as deemed necessary to the above named patient.*

*I hereby authorize payment directly to Core Physical Therapy of any insurance benefits otherwise payable to me for services. I understand that I am directly responsible to Core Physical Therapy for any charges not covered by my insurance company.*

### **Regarding Insurance**

If you have insurance coverage with one of the insurance plans we participate with, we will bill your insurance company along the guidelines of our contract. As a courtesy to our patients, we will submit all claims directly to the appropriate insurance party. However, we require that ALL CO-PAYS or CO-INSURANCES be paid at the time of service.

### **Missed & Late Appointments**

At Core PT we take your treatment seriously. Appointments are scheduled with the same therapist for a one hour private session. In order to continue to provide this service it is extremely important for you to show up for all of your scheduled appointments. In the event that you need to cancel your appointment, we ask that you call 24 hours in advance so we may schedule other patients. If you fail to call our office at least 24 hours in advance, all of your future appointments will be removed from the schedule. If this happens you can call the office on the days that you can attend therapy and we will do our best to fit you in the schedule. (initial here) \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_