

ASSIGNMENT OF INSURANCE BENEFITS

1. The Patient Registration has a quote of your responsibility as a patient. We assume no liability for any errors made by your insurance carrier in this quotation. It is your responsibility to clarify any discrepancies in eligibility, benefits and/or authorization and inform our clinic immediately. The undersigned agrees, whether signing as agent or patient, and it hereby individually obligated to pay for services rendered to the patient at the time service is rendered, in accordance with the regular rates and terms of the company, which are not reimbursed by third parties. The undersigned further agrees to bear legal fees and collection expenses, which may be incurred by the company, in collection of payment on the amount.
2. By signing I authorizes assigns to Performance Physical Therapy Inc any and all benefits arising out of any type of insurance, which insures the patient's bill. The undersigned understands that the temporary acceptance of verified insurance coverage in lieu of payment does not release the patient from ultimate payment responsibilities.
3. Performance Physical Therapy Inc. reserves the right to modify the privacy practices outlined in the notice. The undersigned acknowledges having received a copy of the Notice of Privacy Practices for authorizes Performance Physical Therapy Inc.

CANCELLATION POLICY

I understand and agree that PIM/Performance Physical Therapy, Inc. requires 24-hour advance notice of cancellation. If I fail to give 24-hour notice of cancellation, rescheduling, fail to show up for an appointment, or consistently show up late, my next appointment may not be kept, and if this happens more than three times, I may be discharged from care

CONSENT TO TREATMENT

I consent to receive physical therapy treatment at Precision in Movement & Performance Physical Therapy. I also hereby authorize the release of necessary medical information to third parties, including but not limited to employers and insurance companies, who may be liable to the patient to process the claim and authorize the payment of medical benefits to Precision in Movement & Performance Physical Therapy. (Parent or legal guardian's signature is required if patient is under 18 years of age). Precision in Movement & Performance Physical Therapy is a teaching facility. You may receive treatment from a Student of Physical Therapy, which will be supervised by a licensed Physical Therapist. Please let us know if you have any questions

CREDIT CARD CHARGE POLICY

(Initial) I understand that Performance Physical Therapy requires a debit or credit card on file to cover any amounts not covered by insurance and that I will not be charged more than allowed by my insurance company. I understand that I will receive an Explanation of Benefits (EOB) post treatment from insurance company notifying me of any remaining balance owed. Performance Physical Therapy will not send a separate statement. I understand that Performance Physical Therapy will notify me of any remaining balance owed and that I will have 15 days to make payment arrangements or my card on file will be charged.

Performance Physical Therapy is a fully approved and accredited user of Rectangle's Health Practice Management Bridge® which enables **secure** storage of debit and credit cards in a HIPPA and PCI-DSS (Payment Card Industry Data Security Standards) compliant electronic vault; **Card information is encrypted and tokenized.** Staff do not have access to card information once vaulted.