



CONSENT FOR TREATMENT: I hereby consent to recommended and/or performed examination & treatment that has been deemed necessary or desirable by personnel of Excel Physical Therapy, LLC. I do not hold Excel Physical Therapy, LLC facilities or personnel responsible for any injury, condition or lack of progress that may be incurred throughout the physical therapy treatment process.

RELEASE OF INFORMATION/PATIENT RIGHTS: I certify that the information given by me in requesting treatment, reporting symptoms or assigning payment is correct. I authorize and request Excel Physical Therapy, LLC to furnish and release any medical or personal information to be disclosed or used only to benefit my current injury/condition or to obtain payment if necessary. Under the services of Excel Physical Therapy, LLC, federal regulations protect my confidentiality and patients rights for non-discriminatory treatment by a licensed physical therapist.

INSURANCE: I understand that Excel Physical Therapy, LLC is legally obligated to bill the insurance company that I am currently contracted with and that I am responsible for the remaining amount that is or may not be covered. Please be aware that in some cases, services provided or supplies may be considered “non-covered” by your insurance company or policy in full so that you understand what services will be covered, what your visit allotment and/or deductible is, and what you will ultimately be responsible for.

FINANCIAL AGREEMENT: I fully understand that I am financially responsible for all charges incurred. The undersigned agrees, whether signing as agent or as patient, to pay the account of Excel Physical Therapy, LLC in accordance with the regular rates and terms of the clinic. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney’s fees and collection expense incurred by the clinic. I may pay total balance due at any time without penalty or additional finance charge.

CANCELATION & NO SHOW POLICY: I agree to pay a \$75 cancelation fee to Excel Physical Therapy if I do not call within 24 hours to cancel my scheduled appointment. If you do not show up to your appointment and have not called to cancel, the cancelation fee will automatically be applied. This fee cannot be billed to insurance. If you no call no show to three appointments, you will be removed from any future appointments and will only be able to make same day appointments. This is to ensure optimal scheduling availabilities for all of our patients.

The undersigned certifies that they have read the foregoing, and is the patient, or is duly authorized by the patient as patient’s general agent to execute the above and accepts its terms.

SIGNED:

DATE:

WITNESS: