Patient Authorization

Release of Information and Consent for Treatment

I am aware of my diagnosis and wish to receive treatment with APEX Physical Therapy. I permit its employees to treat me in ways they judge are beneficial to me. I understand that this care can include an evaluation, testing and treatment.

I give permission to APEX Physical Therapy to release information, verbal and written contained in my medical record, to my insurance company, case manager, attorney, related healthcare provider, beneficiaries and all other related persons as it relates to my treatment.

I authorize APEX Physical Therapy to obtain medical records and/or professional information from my physician or other medical professional as it relates to my treatment.

This signature below signifies that I have read and understood the above information.

Patient/Guardian Signature_____**Date**_____

Assignment of Benefits

I authorize payment directly to APEX Physical Therapy for services. This is a direct assignment of my rights and benefits under this policy.

Patient/Guardian Signature_____**Date**_____

Notice of Privacy Practices (HIPPA Acknowledgement/Consent)

I hereby acknowledge that I have received a copy of the Notice and Privacy Practices for APEX Physical Therapy. (Please ask for a copy at the front desk). In addition, I hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment and health care operations.

Patient/Guardian Signature_____**Date**_____

Payment Guarantee

The Benefit Verification form is only an explanation of coverage obtained from my insurance company and it is not a guarantee of coverage. If the information provided by my insurance company is not accurate or the Insurance Company changes its coverage, I will be responsible for payment of services.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my treatments unless agrees to in writing by myself and a representative of APEX Physical Therapy.

Patient/Guardian Signature_____**Date**_____