

# Atlas Physical Therapy and Industrial Rehabilitation

## Consent for Treatment and Benefits

---

My signature is required below to authorize treatment. My signature also authorizes the release of my medical information (including but not limited to my physician, insurance company, employer, school, related healthcare provider, nurse case manager, attorney, assignees, beneficiaries, and all other related persons to my treatment) that is needed to process my claim. I also agree to a direct assignment of my benefits to Atlas Physical Therapy and Industrial Rehabilitation where a claim has been filed, the payment of medical benefits directly to this practice for services rendered, and to comply with the above policies. We reserve the right to change our policies without prior notice.

I am aware of my diagnosis and voluntarily consent to treatment at this practice. No guarantees have been made to me about the outcome of care provided at this practice. I agree to pay for the services rendered and to cooperate in providing information necessary to process my claims(s) with third-party payers. Where the law or my insurance contract does not prohibit payment by me, I accept responsibility to pay any and all of my account balances (even if the balance differs from the benefit verification form is not a guarantee for coverage). A photo carbon copy of this agreement shall be as effective and valid as the original. All information provided on this document is accurate to the best of my knowledge.

**Patient or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

### How did you hear about us?

Referred by Physician       Family or Friend       Internet  
 Familiar with our Location       Previous Patient       Other

---

### *Benefit Disclaimer, Cancellations, and No Show Fee*

It is the patient/insured person's sole responsibility to know their outpatient physical therapy benefits. Atlas Physical Therapy and Industrial Rehabilitation is not required to contact your insurance company but does so as a courtesy. We may contact your insurance company prior to your initial visit to verify coverage. The information received is not a guarantee of payment. Patients are expected to know their plan benefits and limitations prior to their initial visit. Atlas Physical Therapy and Industrial Rehabilitation is bound contractually to accept negotiated rates with contracted insurance carriers and all copays, co-insurance and deductibles are to be paid at time of service. If a payment plan is needed please discuss with the front office prior to treatment. We accept all major credit cards, debit cards, checks, and cash. Please be courteous to other patients and our staff by allowing 24-hour notice if you need to cancel or reschedule your appointment.

**\*\*There will be a \$60 No Show fee if you fail to notify us that you cannot make your appointment. If the office calls you to tell you that you are late for your appointment and you are not able to make it, it is considered a No Show.**

**Patient or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_