TLC Physical Therapy, LLC

CONSENT AND PATIENT FINANCIAL RESPONSIBILITY:

CONSENT FOR TREATMENT: I authorize the above provider to render any and all therapy services that the provider feels are necessary or advisable. Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. TLC Physical Therapy, LLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that your symptoms will resolve. Responses to intervention vary between patients and it is possible that treatment may result in aggravation of existing symptoms or potentially cause pain or injury.

PATIENT RESPONSIBILITY: I acknowledge that I am responsible for any and all therapy charges including my deductible, co-payment, co-insurance or charges not covered or denied by insurance or other third-party sources. I understand that TLC Physical Therapy, LLC may bill my personal insurance carrier as a courtesy, but I am ultimately responsible for any amount owed. If I become delinquent or my account is referred for collection, I agree to pay all costs for collection, including but not limited to collection fees, attorney fees, court costs and interest charges. TLC Physical Therapy is unable to write off deductibles, copays or coinsurance. We are unable to re-code claims to enhance benefits. We do not accept any Medicaid plans and are unable to bill them for services provided. If payment is not made within 45 days of the invoice date, a 1.5% interest rate will be added to any past due balance. I understand that it is my responsibility to provide TLC Physical Therapy, LLC with my current insurance information and familiarize myself with my insurance plan and policies. Any questions I have regarding my health insurance coverage or benefit levels should be directed to my health plan. I am aware that it is my responsibility to notify the office of any changes in my insurance provider and to provide the new insurance card and effective dates prior to change. If I fail to provide accurate information about my insurance and pre-authorization is not able to be obtained, I may be responsible for the allowable charges for my treatment. If a refund is issued for overpayment, there will be a $5 administration fee subtracted from the balance. If you request additional forms to be filled out, there is a $20 fee.

APPOINTMENT ATTENDANCE AGREEMENT: I understand that appointments given one week may not be available in following weeks. If I arrive 15 minutes late for my appointment, I acknowledge that I may be rescheduled. I am aware that if I do not provide at least 24-hours' notice of cancellation or fail to show for my appointment, this will result in a fee of $45. If I cancel or do not show for 3 consecutive appointments, any subsequent appointments may be canceled by the staff or therapist. Notice of cancellation must be made via telephone or voicemail.

ASSIGNMENT OF BENEFITS: I assign payment of medical benefits directly to TLC Physical Therapy, LLC. I guarantee that I will immediately reimburse TLC Physical Therapy for any benefits assigned to me.

ACCESS TO AND RELEASE OF HEALTH INFORMATION: I authorize the release of any medical information necessary to process claims. I further authorize TLC Physical Therapy, LLC to disclose any information, written or verbally, concerning my medical condition to any other provider who is involved in my care or treatment when needed.
I give permission to TLC Physical Therapy, LLC to leave messages concerning my appointment times on my home/cell phone and/or via text or email.
I have read this consent form, understand, and agree to each of the statements.
I acknowledge I have been provided with the TLC Physical Therapy's Notice of Privacy Practices.

Patient Signature: _____Date_____
(Guardian Signature if under 18 y/o)