



Therapy Consent Form

Patient: _____ Date Of Birth: _____

For treatment case to begin on: _____

- I have read the estimation of benefits from my insurance company and understand my responsibility. I agree and will be fully responsible for payment of services.
- I consent to rehabilitation and related services at Peak Performance PT. In doing so I understand, acknowledge, and affirm that such rehab may involve bodily contact, touching, and/or direct contact of sensitive nature.
- I, as a parent/guardian of a minor receiving treatment, do agree and understand that I have been advised to remain on the premises during all treatments, and waive any claim I may have resulting from failure to do so.
- I know and agree that Peak Performance PT is not responsible for loss or damage to personal valuables.
- I hereby assign all the benefits directly to Peak Performance PT and authorize the release of any medical records necessary to facilitate my treatment to process medical claims. I understand fully that in the event that my medical insurance neglects to pay for services I receive, I will be financially responsible for payment.
- I acknowledge the receipt of Notice of Privacy Practices.
- I hereby release, discharge, and acquit Peak Performance PT, it's agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive, or allow emergency and or medical services, including but not limited to ambulance service, EMT, physician, or urgent care services.

Patient/Guardian Signature: _____ Date: _____

Initial

- I hereby understand and accept that any copay due is to be paid upon entry to each scheduled appointment, unless an authorized payment plan harboring my personal payment information has been set in place, agreed upon, and signed between Peak Performance PT and myself.

Initial

- I consent and understand that if my insurance policy calls for the satisfying of a deductible, I will be responsible to pay, upon entry of each scheduled appointment, 20% cost of the visit. I also acknowledge that Peak Performance PT staff will notify me of any credits due back to me upon satisfaction of my deductible in a timely manner.

Initial

- I confirm that I have reviewed and updated my Patient Demographics/Medical History to reflect all current facts.