



Conditions of Admission and Authorization for Treatment (Please Read Before Signing)

1. Consent to Therapy Services

I, the undersigned, consent to the procedures during outpatient treatment which may include, but are not limited to, evaluation, therapeutic exercise, soft tissue mobilization, joint mobilization, ultrasound, phonophoresis, electric stimulation, education, and modalities. _____initial

2. Cancellation and No-Show policy

I have read and understand the Cancellation and No-Show policy of Belden Physical Therapy and Fitness and agree to comply. _____initial

3. Notice of Privacy Practices

I acknowledge that I have been provided the opportunity to review Belden Physical Therapy and Fitness Notice of Privacy Practices. I understand that if I have questions or comments I may contact Belden Physical Therapy and Fitness management. _____initial

4. Financial Agreement

I, the undersigned, agree, whether I sign as parent, guardian, spouse, agent, guarantor, or as patient, that in consideration of the services to be rendered to the patient, I hereby individually obligate myself to pay the account of Belden Physical Therapy and Fitness in accordance with the regular rates and terms of Belden Physical Therapy and Fitness. Should the account be referred to an attorney or collection agency, I shall pay actual attorney’s fees and collection expenses. All delinquent accounts shall bear interest at the legal rate. _____initial

5. Assignment of Benefits

This assignment of benefits allows Belden Physical Therapy and Fitness to be paid directly by my health insurance carrier or other health benefit plan for the services Belden Physical Therapy and Fitness provides to me, my minor child, or other person entitled to health care benefits. In return for services rendered by Belden Physical Therapy and Fitness, I hereby irrevocably assign and transfer to Belden Physical Therapy and Fitness all rights, title, and interest in all benefits payable for the healthcare rendered, which are provided in any and all insurance policies and health benefit plans from which my dependents or I are entitled to recover. This assignment and transfer shall be for the purpose of granting Belden Physical Therapy and Fitness an independent right of recovery against my insurer or health benefit plan, but shall not be construed as an obligation of Belden Physical Therapy and Fitness to pursue any such right of recovery. In no such event, will Belden Physical Therapy and Fitness retain benefits in excess of the amount owed to Belden Physical Therapy and Fitness rendered during this admission. I have read and been given the opportunity to ask questions about this assignment of benefits, and I have signed this document freely and without inducement, other than the rendition of services by Belden Physical Therapy and Fitness. _____initial

6. Release of Information

I acknowledge that Belden Physical Therapy and Fitness will use my information for the purposes of treatment, payment and health care operations.

I authorize Belden Physical Therapy and Fitness to release medical information and supporting documentation in my medical records to any organization, or guarantor which is or may be responsible for payment of charges associated with my care and for all other purposes of benefit payment. If my injury is work-related, I authorize Belden Physical Therapy and Fitness to release any information from my medical records to my employer and/or its designee.

I acknowledge that patient medical records at Belden Physical Therapy and Fitness may be stored electronically and made available through computer networks available to Belden Physical Therapy and Fitness personnel, physicians involved in my care and their offices. I also acknowledge that should I be treated at another facility in the area affiliated with Belden Physical Therapy and Fitness, my medical records may be made electronically available to the other facility, physicians involved in my care and their offices. This will assist my therapist and other caregivers in reviewing past treatment as it may affect my condition and treatment at that time.

I authorize Belden Physical Therapy and Fitness or its authorized representatives to contact me by telephone, e-mail, or U.S. mail during my treatment period and after my discharge from therapy.

I authorize the release of my social security number in accordance with federal law and regulations to the manufacturer of any medical device I may receive.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this document knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

X _____
Patient/Parent/Guardian/Conservator/Domestic Partner

_____ Date

If other than patient, indicate relationship

X _____
Belden Physical Therapy and Fitness Witness to Signature only