

INSURANCE AND BENEFITS

I the undersigned certify that I (or my dependent), have insurance coverage with the above listed insurance company and assign directly to OnePoint Physical Therapy, Inc. all insurance benefits. I understand that I am financially responsible for all charges that are not payable by insurance. There will be a \$30.00 returned check fee. **I understand that it is my responsibility to check with my insurance to see what my benefits will be and if my plan pays in or out of network. I realize that you have verified this, however, that is not a guarantee of benefits or payments.** I also authorize the release of my medical and billing information to my insurance company and Physician if requested to process this claim.

24-HOUR LATE CANCEL/NO SHOW POLICY

We have a 24-hour late cancellation/no show policy. If you fail to show up for your scheduled appointment you will be charged a \$30.00 fee. Please call us 24 hours in advance to cancel/reschedule your appointment. Failure to do so will result in a \$30.00 charge. This charge will be an out-of-pocket expense and cannot be billed to your insurance company.

SPECIALTY PRACTICE – Pelvic Health and Pediatrics

\$60.00 fee- Two consecutive no shows will result in cancellation of all remaining scheduled appointments. No show fees are due prior to your next appointment.

INFORMED CONSENT TO TREAT

I consent to rehabilitation treatment by OnePoint Physical Therapy. Further, I acknowledge that no guarantees have been made to me regarding treatment and the treatment results from the rehabilitation therapy. I have the right to ask questions about any potential risks with treatment and questions about my condition throughout the rehabilitation process. I accept the role of participant in my recovery and I am aware that my physician will be kept informed as to the status of my recovery as well as my compliance with therapy and attendance. I understand that it is my responsibility to inform the physical therapist/staff about any changes in health status, medications, or allergies that may affect treatment.