



CONSENT TO TREATMENT

Thank you for choosing Hubbard Physical Therapy. Our goal is to provide you with excellent service and care to ensure that your maximum potential is achieved. Your active participation is essential to the success of therapy. In order to help you meet your goals, please take a minute to look over the following information.

I, the undersigned, do hereby give my consent to Hubbard Physical Therapy to furnish medical care and treatment considered necessary and proper in treating my physical condition. I also certify that no guarantee or assurance has been made to the results that may be obtained. I understand and agree that health and/or accident insurance policies are an arrangement between the insurance carrier(s) and me. Furthermore, I understand that Hubbard Physical Therapy will prepare insurance forms, and will bill only as courtesy my insurance company directly. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

Primary Care Referrals Please obtain all of the necessary referral forms (if required by insurance) from your primary care physician in advance of your visit. Unfortunately, patients cannot be seen without the appropriate referral.

Co-Payments Co-payments must be paid upon the patient's arrival. We accept cash, check and VISA/MasterCard. Debit cards are also accepted.

Non-covered services Supplies and equipment must be paid for at the time of service.

Attire for Physical Therapy Shorts or sweatpants with an elastic waistband may be ideal, particularly, if we are treating the lower extremities. Loose-fitting clothing is recommended for treatment of the upper extremities.

Tardiness Please call if you are running late. Physical therapy treatments may be abbreviated for patients arriving 10-15 minutes late. Patients arriving more than 15 minutes late may be asked to reschedule. Obviously, we try to deliver the same respect for your time- if we are running late, the session will be completed in its entirety.

Cancellations We request that patients who are unable to keep an appointment contact our office at least 24-business hours prior to the scheduled appointment time since there are usually other clients that could benefit from this treatment slot.

Repeated Missed Appointments We will be unable to schedule future appointments for patients having three (3) missed appointments and/or cancellations without appropriate notice, particularly if we feel that these missed appointments are adversely affecting our treatment plan. Please note that we will contact your referring doctor to these missed visits, and you will be charged \$60. For Worker's Compensation and Personal Injury patients, this may jeopardize your claim.

I have read and understand the above guidelines.

Signature of Patient or Responsible Party: _____

Date: _____