Release
PHYSICAL THERAPY

WELLNESS MADE BY HAND

Covenant and Financial Agreement

I AGREE TO THE FOLLOWING TERMS WITH REGARDS TO THE MANAGEMENT OF MY HEALTHCARE WHILE RECEIVING TREATMENT AT RELEASE PHYSICAL THERAPY

1. I will be truthful regarding my condition, and neither falsely exaggerate not minimize my complaints. Doing so may affect the course and results of my treatment.

2. I am responsible for my own healthcare, and though my decisions may be guided by the therapists here, I have the greatest control regarding my treatment. I have the right to refuse services and/or treatments, and my decisions with be respected.

3. I agree to undergo periodic re-evaluations to monitor my progress and changes in symptoms.

4. I will be informed regarding the risks and benefits of the treatments, and expected time frame of improvements.

I THE PATIENT AGREE TO PAY TO THE ORDER OF RELEASE PHYSICAL THERAPY FOR SERVICES RENDERED AT THE TIME OF CARE. Release Physical Therapy is out of network and I am responsible for all deductibles, co-insurance, and non-covered services.

I the patient will pay to the order of Release Physical therapy any cancellation charges for missed appointment without 24 hours advanced notice. I acknowledge that cancellation charges are $150 per missed appointment and that future appointments will not be made until any and all cancellation charges have been paid in full.

We have read and understand the above and affix our signature:

_____ _____

Signature Date