



CONSENT & RELEASE FORM

CANCELLATIONS AND NO-SHOWS

Cancellations or changes must be made by the day prior to the scheduled appointment. If a patient fails to show for three (3) scheduled appointments or cancels an excessive number of times, physical therapy will be discontinued and no further appointments will be scheduled until we are notified by their physician.

TIMELINESS

We value your time and don't want to keep you waiting. Occasionally, we are delayed by an unexpected event with another patient, but please be assured that the quality of your treatment will not suffer. If you arrive late, your treatment will end at its scheduled time so other patients will not have to wait.

FINANCIAL POLICIES

We are happy to bill many insurance companies. Please ask the front desk if you need to verify that we can bill your insurance company. We will do our best to verify whether outpatient physical therapy is covered by your insurance plan, and to determine the extent of coverage. If payment is denied by the insurance company after you have received treatment, you are responsible for the balance on your account. If we find that your insurance plan does not cover physical therapy, we will do our best to work out a solution with you to enable you to receive the treatment that you need.

We do bill secondary insurance plans, except for Medicare supplementary plans which are forwarded to the insurer by Medicare. You are responsible for anything that your insurance(s) don't cover.

Many insurance plans require a co-payment. Patients are responsible for their co-payments at the time of their visit.

Payment must be made either at the time services are rendered or upon the receipt of your bill in the mail unless you contact us to make other arrangements. We are very willing to work out a payment schedule with you if your financial situation will not let you pay the full balance. If you do not contact us and your account is seriously past due, it may be turned over to collections.

If you have any questions about financial policies or need assistance with your bill or insurance, please call and ask for the billing manager at 360-293-2417.

Please advise us as soon as possible of any changes that may affect your billing, i.e., address, employment, new injury or insurance changes.

PATIENT CONSENT AND RELEASE

I understand that Burlington Physical Therapy is not responsible for any personal belongings I bring to the clinic.

I understand that I am financially responsible for all charges and services rendered regardless of litigation, insurance reimbursement, or pending claims. I understand that the parent/guardian of a minor will be responsible for payment.

I authorize Burlington Physical Therapy to release any necessary information requested by my insurance carrier and authorize payment directly to Burlington Physical Therapy for any benefits available under my insurance plan. This information includes any photos taken during treatment.

I hereby consent to treatment by Burlington Physical Therapy.

I acknowledge that I have read and understand the cancellation, no-show and financial policies as stated above.

Patient Signature: _____ Date: _____
(Parent or guardian's signature if patient is under 18)