



Westchase Physical Therapy & Medical Supply

Consent for Care and Treatment: I, the undersigned, so hereby agree and give consent to Westchase Physical Therapy and Medical Supply, LLC, (hereafter referred to as WCPT) to furnish medical treatment to me as necessary and proper diagnosing and/or treating for the patient listed below for his/her physical and mental condition.

Benefits Assignment/Release of Information: I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare and all other types of insurance and third party payers to WCPT. I agree and hereby authorized said assignee to release necessary information, including medical records, to secure payment.

Financial Policy: WCPT verifies insurance benefits as a courtesy to patients. However, WCPT does not accept the responsibility of any false information given to us by the insurance carrier. WCPT requires payment for any charges due from the patient at the time said services are rendered. WCPT submits claims to insurance carriers as a courtesy to patients. If your insurance carrier denies the claim or does not remit payment within 30-60 days, the patient is responsible for the amount owed for services rendered to the patient. If payment is made directly to you from your insurance carrier, it is your responsibility to render that payment to WCPT in a timely fashion.

When paying by check, you authorize WPCT to debit your account. If your check is returned to WCPT unpaid for any reason, you authorize WCPT to debit not only the amount the check, but any applicable fees.

If any payment due is not made to WCPT within 15-30 days of service rendered, WCPT reserves the right to refer your account to a collections agency to recover any money owed to WCPT.

Patients Rights and Responsibilities: I have reviewed, read, understand, and acknowledge my Patient Rights and Responsibilities provided to me by WCPT.

Electrode Charge for Tens and Iontophoresis: Should your treatment plan indicate the use of electrical stimulation and/or iontophoresis, you will be provided with your own personal electrodes. You will be charged a nominal fee for these supplies, as insurance plans do not reimburse for the cost of electrodes. The prices of electrodes are as follows: Iontophoresis electrodes are \$7.00; TENS electrodes are \$5.00 for a pack of four square (2 x 2) or circular electrodes; and, TENS electrodes are \$7.00 for a pack of four large square (2 x 4) or oval electrodes.

Cancellation Policy: In order to accommodate all of our patients' scheduling needs, we require notification of appointment cancellations no fewer than 24 hours prior to the appointment. If you cannot give adequate notice, there will be a \$35.00 missed visit fee applied to your account. This fee will be due upon your next appointment and is not billable to insurance carriers.

PATIENT: _____(PRINT NAME)

RESPONSIBLE PARTY: _____(SIGN)

DATE _____