

# PRO SPORTS

*Physical Therapy*

**CONSENT FOR CARE AND TREATMENT:** I agree and give my consent for Pro Sports Physical Therapy to furnish medical care considered necessary to treat my physical condition.

**MEDICAL RECORDS AND INFORMATION RELEASE:** I authorize the release of medical and/or other information regarding my condition while under treatment at Pro Sports Physical Therapy.

**BENEFIT ASSIGNMENT AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:** I authorize direct payment of medical benefits to Pro Sports Physical Therapy for services rendered. I understand that verification of insurance benefits and authorization for treatment is not a guarantee of payment. Payment is subject to benefit limitations and member eligibility. I further understand that I will assume full financial responsibility for all services denied by my insurance company.

**NOTICE OF PRIVACY PRACTICES:** I have been given the opportunity to review the Notice of Privacy Practices of Pro Sports Physical Therapy.

**CANCELLATION and MISSED APPOINTMENTS:** Please note that there will be a \$25.00 fee for any missed appointments without prior notification and for excessive cancellations.

**ELECTRODES:** As part of your care at Pro Sports Physical Therapy, certain treatments may be available to you that are not covered by insurance. These treatment options will be determined by your physical therapist and discussed with you prior to utilization.

**DIRECT ACCESS:** Under New York's Direct Access Law, you may be treated by a physical therapist without a prescription. You may be evaluated and or treated for up to ten visits or thirty days whichever comes first. Please note that treatment under New York's Direct Access Law is not applicable to Workers Compensation, No Fault or Medicare coverage.

**PERSONAL HEALTH REPRESENTATION:** I authorize Pro Sports Physical Therapy to discuss my personal health information, send and receive medical files, updates, test results, and notes with the below listed party:

Name of designated representative: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_