



PLEASE READ THE FOLLOWING INFORMATION AND SIGN

Compliance with your physical therapy appointments is very important for your recovery. Please take full advantage of your physical therapy sessions by arriving on time. Please notify us if you are going to be more than 10 minutes late. You may need to reschedule your appointment. If you fail to meet 3 consecutive appointments, we will notify your doctor and employer (if applicable) and you may be discharged from our care.

There will be a **\$25.00 charge for missed appointments** not canceled with 4-hour notice prior to the appointment. _____ (Initial)

The information obtained from your insurance company is a quote of benefits, not a guarantee. Your Explanation of Benefits (EOB) will determine your ultimate financial responsibility. _____ (Initial)

Once these benefits have been determined, payments of any copays or annual deductibles are required at the time services are rendered. _____ (Initial)

HIPPA compliance and health privacy information can be found at <https://www.hhs.gov/hipaa>
I have read and I understand the information above and I agree to comply.

Patient Signature

Date

McDonough Physical Therapy is a teaching facility. They have contracts with Texas Women’s University and University of St Augustine Physical Therapy schools. They also accept students from many other colleges around the country. I understand that information regarding my diagnosis and treatment might be shared with these students.

I give consent to the staff of McDonough Physical Therapy to share information regarding my physical therapy case with students to benefit and further their higher education learning.

Patient Signature

Date

Consent to Treat:

I, _____ give consent to the staff of McDonough Physical Therapy to treat me for physical therapy services that will be rendered.

Patient Signature

Date