



Consent for Care and Treatment, Notice of Privacy Practices

I do hereby agree and give my consent for **Lim Physical Therapy LLC** to furnish medical care and treatment considered necessary and proper in diagnosing or treating my physical condition.

Benefit Assignment/Release of Information

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, Medicaid, private insurance and third party payors to **Lim Physical Therapy LLC**. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including Medical Records, to secure payment.

Financial Policy Statement

As a patient of **Lim Physical Therapy LLC**, you are responsible for payment of all services provided to you in accordance with established charges. Your insurance company may cover all or part of the cost of your treatment, but you are still responsible for payment of any deductibles, copays, or denied claims. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit the same to **Lim Physical Therapy LLC**.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees.

Patient Responsibility

The patient is responsible for keeping all scheduled appointments, and for arriving on time. Please allow 24 hours' notice for canceled appointments. Patients arriving late may have their treatment time adjusted accordingly. If you miss two consecutive appointments without notifying us, we may cancel your future appointments.

HIPAA Notice of Privacy Practices

I acknowledge that I have been provided with a copy of **Lim Physical Therapy LLC's** HIPAA Notice of Privacy Practices. I recognize that this document is available both online at www.LimPhysicalTherapy.com and at the clinic site. I understand that this information describes how **Lim Physical Therapy LLC** may disclose and use my protected health information and outlines my rights regarding my protected health information.

Acknowledgement

I have read and understand everything in this agreement. I intend and agree to be bound by all of the terms of this agreement.

Signed: _____

Date: _____

Name (please print): _____