***Rejuvenation Therapy, PLLC***

***609 E. Speer Blvd., Suite #240, Denver, CO 80203***

***Phone (303) 725-6958***

**Rejuvenation Therapy, PLLC Notification of Consent to Treat**

I hereby give Rejuvenation Therapy, PLLC, consent to treat my prescribed injury. I have stated all medical conditions I am aware of and will keep my practitioner informed of any changes. I give Rejuvenation Therapy permission to leave phone messages regarding my physical therapy care at the number listed below. This consent will remain valid until revoked in writing.

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rejuvenation Therapy, PLLC Financial Policies**

1. Payment is required at the time of service. This includes $160.00 for a 60 minute evaluation and treatment on the first visit. Follow up visits vary, and are time based. Follow up visits are $160.00 for 60 minute sessions, $120.00 for 45 minute sessions and 80.00 for 30 minute sessions.
2. Out of respect for our therapists and other patients, we ask that you give us 24 hours notice if you need to cancel or reschedule an appointment. There is a $160.00 cancellation policy for patients that fail to give us appropriate notice.

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