



Consent for Care and Treatment

I _____, the undersigned, do hereby agree and give my consent for Centennial Sports & Physical Therapy (CSPT) to furnish medical and treatment considered necessary and proper in diagnosing or treating my physical and medical condition.

Scheduling Appointments/Attendance

Every attempt will be made to accommodate your schedule. If you have a scheduling preference, please let us know. Cancellations or changes to an appointment must be **requested 24 hours prior** to scheduled appointment time. Any patient missing **2 or more** sessions in a row may be subject to treatment termination and notification will be sent to your physician, claims manager or vocational counselor (if applicable).

Benefit Assignment/Release of Information

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third party payers to Centennial Sports and Physical Therapy. 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, and payment be sent directly to CSPT as outlined by my insurance policy.

Financial Policy Statement

COPAYMENTS ARE DUE AT THE TIME OF EACH TREATMENT. We will bill your insurance carrier as a courtesy to you, however, you are responsible for the entire bill when the services are rendered. We do check benefits and advise you of those quoted benefits, however, it is your responsibility to check your own **OUTPATIENT PHYSICAL THERAPY BENEFITS**, talk to your Primary Care Provider for authorization if necessary and follow up with your insurance company if you have any questions regarding the way they have or have not processed your claims.

It is important to communicate any financial problems as soon as possible. Please contact us to discuss a mutually agreeable payment plan so your credit will not be harmed. If payment is made directly to you for services billed by us, you recognize an obligation to promptly submit the same to Centennial Sports and Physical Therapy.

We have prepared a detailed **Notice of Privacy Practices** to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice in our facility. The undersigned acknowledges receipt of this information.

I acknowledge that I read and understand the policies as outlined above:

Parent/Guardian/Responsible Party: _____ Date: _____