



## Authorization and Guarantee

**PATIENT:**

**INSURANCE BENEFITS (if applicable):** As a courtesy, we will make every effort to contact your insurance company to obtain your therapy benefits. The benefit information obtained cannot be considered a guarantee of actual benefits or insurance payment for services rendered. We encourage you to contact your insurance company to verify your benefit information.

**MEDICARE (if applicable):** "I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries any such information needed for this or a related Medicare claim. I request that the payment of authorized benefits be made on my behalf. I understand that I am responsible for any health insurance deductibles and coinsurance."

**GUARANTEE OF PAYMENT (not applicable for Worker's Compensation patients):** "In consideration of services rendered to me by Dynamix Physical Therapy, I hereby guarantee payment for any and all services not covered or allowed by insurance. I also understand that all bills are due and payable upon receipt. I understand that the patient responsibility portion of my bill will be due and payable at the time of service. I understand that should my account with Dynamix Physical Therapy become delinquent and turned over to a collection agency, that I, the undersigned, will be responsible to pay all collection agency fees, court costs or any other fees / costs associated with resolving my account balance."

**RETURNED CHECKS:** We are happy to accept your personal check, however, if your check is returned for any reason, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions.

**CONSENT FOR CARE AND TREATMENT:** I, the undersigned, hereby agree and give my consent for Dynamix Physical Therapy to furnish care and treatment considered necessary and proper in treating my condition.

**WAIVER AND RELEASE:** "I hereby release, discharge and acquit Dynamix Physical Therapy, its agents, representatives, affiliates, employees or assigns of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and or medical services, including but not limited to ambulance service, Emergency Medical Technician, physician or urgent care services."

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION:** "I consent to allow Dynamix Physical Therapy, to use and/or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. My personal health information may be disclosed to my health plan and/or its agents as necessary to verify benefits authorize services and process medical claims. My personal health information may be disclosed to outside health agencies or institutions involved in my continuing care and/or for emergency care purposes. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Dynamix Physical Therapy will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions."

**ASSIGNMENT OF BENEFITS:** "I authorize my health plan to pay benefits directly to Dynamix Physical Therapy, LLC. I understand that in the event my health plan or healthcare contract does not cover services, I will be responsible for payment. I understand that if my health plan does not consider Dynamix Physical Therapy a participating provider, charges incurred will be paid by me. In the event payment is made directly to me for services rendered by Dynamix Physical Therapy, I recognize the obligation to promptly remit payment to this office."

**NOTICE OF PRIVACY:** "I acknowledge that a copy of the Notice of Privacy Practices is posted in the clinic and available for my review. Furthermore, I understand that I can request, and immediately receive, a copy of this document."

## Cancelation and No Show Policy

