



FINANCIAL/TREATMENT AGREEMENT

It is to my understanding that The Functional Performance Center is billing my medical insurance as a courtesy to me. *Any funds issued to me by my insurance company will immediately be paid to The Functional Performance Center.*

Initial

I understand that this account is my financial responsibility and if I or my insurance company does not comply with the above agreement, my therapy will be discontinued and payment on my balance will be due in full.

Also, I understand that I am responsible for the fee of \$25 (per occurrence) if I should miss a scheduled physical therapy appointment, unless I call and cancel at least 24 hours ahead of the scheduled appointment.

Initial

AUTHORIZATION FOR TREATMENT

All procedures will be thoroughly explained to you before they are performed. There are certain inherent risks with Physical Therapy treatment because you will be asked to exert effort and perform activities with increasing degrees of difficulty, which could cause an increase in your current level of pain or discomfort or an aggravation to your existing injury. There is also a possibility that you could experience a new injury, but this risk is small. You will be able to control any procedure by stopping if you feel any increase in pain or discomfort.

The Physical Therapist will take every precaution to ensure that you are protected from any hazardous situation. You will never be forced to perform any procedure that you do not wish to perform.

Based on the above information I agree to cooperate fully and to participate in all Physical Therapy procedures and to comply with the plan of care as it is established.

NOTICE TO PATIENTS: For personal safety, do not use any equipment without a staff member present.

Initial

NOTE: Your deductible/co-pay/co-insurance will be collected at each visit unless otherwise stated. It would be in violation of FPC's agreement with the insurance company if your payment is not received at the time of service. If your account has an outstanding balance and we have made our attempts to collect that balance, we will forward your account balance onto our collection agency at which time you will be responsible for paying the collection fees (25% of your balance due) as well as your outstanding balance.

A \$30 Service Fee will be charged on all returned checks.

The information obtained from my insurance company by The Functional Performance Center is only a description of benefits - not a guarantee of payment. I am responsible for any fees not covered by my insurance company.

Patient/Legal Guardian Signature

Date