



Hurst Physical Therapy, Inc.

1111 W Hobsonway

Blythe, CA 92225

(760)922-8400

(760)922-8401 Fax

CONSENT TO ADMISSION EVALUATION & TREATMENT

I have been referred by my physician to physical therapy for treatment. I consent to admission to Hurst Physical Therapy, Inc. for the purpose of physical therapy evaluation and treatment. I understand I will receive an initial evaluation by a Physical therapist currently for me based upon the results of the evaluation and I will be informed of the specific treatment(s) or procedures, including risks and benefits. I understand I have the right to accept, or decline, all, or part, of the planned treatment. I understand I am still under the care of my referring physician while in physical therapy, and will keep the Therapist and Physician informed of appointments and changes in condition.

ASSIGNMENT OF BENEFITS AND PAYMENT GUARANTEE

I assign Hurst Physical Therapy, Inc. the right to bill and collect from any insurance I have agree to cooperate in seeking payment. I understand Hurst Physical Therapy is billing any insurance coverage as a courtesy to me and that this does not release me from my responsibility to pay for services received (except for those covered by valid and approved workers compensation insurance). I agree to pay any deductible or co-payments, and any amounts denied or not covered by my insurance.

I understand that it is my responsibility to obtain any authorization required by my insurer or health plan for physical therapy services at Hurst Physical Therapy, and to give that authorization to them. As a courtesy Hurst Physical Therapy will attempt to obtain authorization required for treatment prior to initiation of care. I understand that if my insurer does not authorize any services. If Hurst Physical Therapy is not a preferred provider of my insurance or health plan, I understand that I may be responsible for paying more, or all, of the charges.

I agree to pay collection costs and expenses, court costs, and reasonable legal fees for amounts not paid by me after all insurance has been collected. Unless I have made prior arrangements with Hurst Physical Therapy, Inc. Delinquent accounts over ninety (90) days shall bear interest at the highest rate allowed by law.

This agreement shall be binding on me or any Representative signing below.

AGREEMENT

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE

**I HAVE RECEIVED A COPY OF THE HURST PHYSICAL THERAPY, INC
NOTICE OF PRIVACY PRACTICES**

Print Name: _____
Patient or Legal Representative Signature Date