BROOKLYN BODY WORKS PHYSICAL THERAPY, P.C.
SPORTS & ORTHOPEDIC REHABILITATION

Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for Brooklyn Body Works Physical Therapy, PC to furnish the medical care and treatment considered necessary in assessing or treating my physical and mental condition.

Patient/ Responsible Party_____ **Date:**_____

Benefit Assignment/Release of Information

I hereby assign all medical benefits to which I am entitled, including that from Medicare, Medicaid, private insurance and third party payers to Brooklyn Body Works Physical Therapy, PC. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize BBW to release all information necessary, including Medical Records, to secure payment.

Patient/ Responsible Party_____ **Date:**_____

Financial Policy Statement

Brooklyn Body Works Physical Therapy will bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill for services rendered. We require that arrangements for payment of your estimated share be made today. We accept cash, personal checks, money orders/ cashier's checks, and Person-to-Person online bank payments (ex: Chase Quick-Pay).

If your insurance carrier does not remit payment within 90 days, we reserve the right to collect balance in full from you. In the event that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company. In the event your insurance company establishes an internal *usual and customary fee schedule*, you will be responsible for the difference remaining.

If your insurance company makes any payments directly to you for services rendered by us, you recognize an obligation to promptly remit same to Brooklyn Body Works Physical Therapy, PC.

For all Medicare beneficiaries, as of January 1, 2017, you are entitled to a total of $1980 of combined physical therapy and speech benefits. For more specific information regarding your Medicare physical therapy benefits and financial responsibility, please refer to our BBWPT Medicare benefit information handout or speak directly to a BBWPT representative.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed to Brooklyn Body Works Physical Therapy, including court costs, collection agency fees and attorney fees.

COPAY PER VISIT:_____

NOTE: Estimated coverage information is provided as a courtesy to our patients, but is not intended to release them from total responsibility for their account balance. The above information has been read and explained to me**. I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT**

Patient/Guardian Signature_____ **Date:**_____

BBW PT Representative_____ **Date:**_____

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