



PHYSICAL THERAPY PATIENT AGREEMENT

Thank you for choosing Alta Physical Therapy for your rehabilitation needs. Please read and sign the following agreement; it lays out our billing, scheduling and cancellation procedures. If you have any questions please ask for clarification.

- All patients attending physical therapy must have a valid, written prescription by a medical doctor, osteopath podiatrist. Patients are responsible for scheduling and confirming appointments with the front desk.
- Payment of all fees is expected at time of service or via credit card on file. We will assist you in submitting claims to your insurance carrier. However, you are still responsible for any deductible, co-insurance/co-payment or any claims denied by your insurance carrier.
- I hereby authorize payment of medical benefits directly to Alta Physical Therapy for all services rendered.
- I hereby authorize Alta, having treated me, to release to government agencies, insurance carriers and all others who are financially liable for my care, all information to substantiate payments for my care and to permit representatives thereof to examine and make copies of all records related to such care and treatment. I understand that if at any point my insurance coverage changes, I am to notify administrative staff prior to my next visit. Failure to do so will result in me being responsible for the full amount of all services.
- A Scheduled appointment must be cancelled at least 24 hour hours in advance or a \$50.00 Late Cancel Fee will be assessed. Similarly, if you do not show up for a scheduled appointment the fee will be assessed. This fee is due on the next visit and is not billable to any insurance carrier. If you schedule a make-up session for the same week the fee will be waived.

I have read and understood this agreement.

Patient Signature: _____ Date: _____