Essential Physical Therapy and Wellness, LLC

Consent to Treat

____ (initials) You consent to have Essential Physical Therapy and Wellness, LLC to provide physical therapy services according to the diagnosis by your physician. It is your responsibility to provide these prescriptions as needed throughout the plan of care to continue treatment. You understand that this consent may be changed, adjusted or revoked by you at any time.

Cancellation/No Show Policy

____ (initials) You agree that if you choose to cancel an appointment, you will do so 24 hours prior to your scheduled appointment. If you fail to do so, you will be responsible for paying the $50 cancellation fee.

Payment Policy

____ (initials) You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest or the resolution of any legal action or lawsuits in which you may be involved.

____ (initials) Payment is expected at time of service unless you have made other payment arrangements with us.

Privacy Policy

____ (initials) I have received a copy of the privacy policy for Essential Physical Therapy and Wellness, LLC.

_____

Patient/Guardian Signature

_____ _____

Printed Name Date