



### Medical Consent and Financial Agreement for Treatment

- I hereby consent to evaluation and treatment by my physical therapist at Results Neck & Back Therapy. I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment. I understand that it is my responsibility to follow treatment plans and set up follow up treatment appointments.
- I will make every effort to give 24-hour notice if I have to cancel/reschedule treatment. If a pattern of no shows or late cancellations appear, I understand that I may be terminated as a patient of Results Neck & Back Therapy.
- I am aware that Results Neck & Back Therapy will make every attempt to collect payment from my insurance. I also understand that my insurance plan is an agreement between myself and my insurance company and it is my responsibility to know my benefits/limitations and I understand that I am financially responsible for any portion of services not covered by my insurance carrier. In addition, I agree to pay my copay at the time of service per my contract with my insurance.
- I give my consent for my health information to be given to my insurance for billing purposes.
- I understand that everyone reacts differently to different therapies. Results Neck & Back Therapy does not guarantee that I will respond to physical therapy. I reserve the right to decline any exercise if I experience discomfort and to discuss potential risks with my therapist.
- Results Neck & Back Therapy is not responsible for any lost/missing items in the office or parking lot.

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Printed Name

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Signature

Date