



Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for BARTLEY PHYSICAL THERAPY to furnish to _____, medical care and treatment considered necessary and proper in evaluating and treating my/their physical condition.

Patient/Guardian _____ Date _____

Benefit Assignment/Release of Information

I, hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance and third party payors to BARTLEY PHYSICAL THERAPY. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including Medical Records, to secure payment.

Patient/Guardian _____ Date _____

Notice of Privacy Policies

I have received/reviewed a copy of Bartley Physical Therapy, PC Health Information Privacy Policies.

Patient/Guardian _____ Date _____

I _____ give Bartley Physical Therapy permission to leave a message on my answering machine **YES or NO**

I _____ give Bartley Physical Therapy permission to send me information via email. **YES or NO**

Cancellation/No Show policy

I understand and agree that Bartley Physical Therapy **requires a 24 hour advance notice of cancellation.** If I fail to give 24-hour notice of cancellation or fail to show up for an appointment, **I may be subject to a \$75 charge** (which is not covered by insurance)

Patient/Guardian _____ Date _____