

## **CONSENT FOR TREATMENT AND ASSIGNMENT OF BENEFITS**

I consent to treatment from Blankinship Physical Therapy consistent with an established plan of care.

You are authorized to release any information you deem appropriate concerning my health condition to any insurance company, attorney, or adjustor to process any claim for reimbursement of charges at Blankinship Physical Therapy, by me.

I authorize payment directly to Blankinship Physical Therapy for all insurance otherwise payable to me. In the event that my insurance carrier does not accept "assignment of benefits", or any other payments are sent directly to me, I will hold them in trust for Blankinship Physical Therapy for payment of my bill. I understand that I am financially responsible for all charges incurred at Blankinship Physical Therapy whether or not paid by my insurance company.

## **OFFICE POLICIES**

If you are unable to keep your scheduled appointment, please call 24 hours in advance as other patients could use your appointment time.

If you are 15 minutes late for your appointment, you may be asked to reschedule.

After Blankinship Physical Therapy receives payment from your insurance company you will be sent a statement showing your portion of the charges. Any account balance not paid within 30 days will be assessed a \$25 late fee. Any account balance not paid within 60 days will be sent to a collection agency.

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Signature

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Date