

# PATIENT CONSENT

Please acknowledge the following statements and confirm your agreement to each with your signature. If applicable, please have your parent/guardian sign in your stead.

## TREATMENT POLICY

I understand that I have been referred for rehabilitation treatment and care to Vive Physical Therapy. Vive Physical Therapy has described for me my individual treatment plan. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any questions regarding risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. I understand no supervision of dependents is provided and I am responsible for my dependents. By signing this agreement, I consent to have Vive Physical Therapy provide treatment and care as prescribed by my physician and/or recommendation by my therapist.

## PAYMENT POLICY

Vive Physical Therapy accepts all major credit cards and cash, but it does not accept checks. Vive Physical Therapy is primarily an out of network provider, thus payment is due at the time of treatment. However, this does not mean patients cannot be reimbursed by their insurance provider. Vive Physical Therapy will assist patients with filing for reimbursement upon request. Vive Physical Therapy cannot guarantee payment and strongly suggests that you read your insurance policy and ask about your physical therapy benefits prior to receiving treatment from Vive Physical Therapy. Vive Physical Therapy has an agreement with you, not your insurance company, for receipt of payment. Please be aware of this and plan to make payments accordingly.

Tricare patients are not required to pay at the time of treatment unless their plan requires a Copay. Reimbursement paperwork will automatically be filed.

## CANCELLATION POLICY

**Vive Physical Therapy reserves the right to charge patients for cancelled appointments and no shows if 24-hour notice is not provided. The cancellation rate is \$25 per missed appointment.**

## NOTICE OF PRIVACY PRACTICES

I acknowledge and agree to the above policies. I have received, reviewed and agree to Vive Physical Therapy's Notice of Privacy Practices.

Name

Parent/Guardian Name

Signature

Date