



## CONSENT FOR TREATMENT

**PATIENT NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

I hereby authorize Carolina Physical Therapy Associates, Inc. through its appropriate personnel to perform or have performed upon me of the above named patient appropriate assessment and treatment procedures relating to my diagnoses.

I consent for Carolina Physical Therapy Associates, Inc. to release any information required in the course of my examinations and treatment for the purposes of insurance and/or Medicare benefits payment. Worker's compensation claim information may be released to my employer.

I consent to assignment of payment directly to Carolina Physical Therapy Associates, Inc. of all medical benefits applicable and otherwise payable to me through insurance or any other source. If I receive payment from my insurance company I understand that I must submit this payment to Carolina Physical Therapy Associates, Inc. in a timely manner.

I agree in consideration of the services rendered to me that I am hereby individually obligated to pay my account with Carolina Physical Therapy Associates, Inc. in accordance with its regular rates and terms. If signing as a patient representative, a parent or a guardian, or otherwise legally responsible person for the patient, I agree to the obligation described herein.

I consent for Carolina Physical Therapy Associates, Inc. to act on my behalf in the collection of benefits from insurance carriers through whatever means deemed necessary and the endorsement of benefit checks made payable to me or Carolina Physical Therapy Associates, Inc.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

I have had an opportunity to read and review a copy of the Carolina Physical Therapy Associates, Inc. Notice of Privacy.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date