

## POLICY REGARDING CONSENT AND INSURANCE

Welcome to Motus Physical Therapy. As our patient, you will receive an evaluation, treatment and education relating to your injury by a licensed physical therapist or physical therapy assistant.

We request that you schedule appointments and honor those scheduled times. If you need to cancel or reschedule an appointment, please call 24 hours in advance. Repeated "No-Shows" or cancellations less than 24 hours in advance may result in a \$50.00 fee or the cost of a typical appointment. Initial: \_\_\_\_\_

As a courtesy to our patients, we will complete and file insurance forms relative to physical therapy. However, our professional services are rendered to you, not to the insurance company. YOU ARE DIRECTLY RESPONSIBLE TO US FOR THE OBLIGATION OF PAYMENT FOR TREATMENT. Initial: \_\_\_\_\_

Please check your policy for specific physical therapy coverage. If you have any questions contact your insurance or employer. PLEASE REMEMBER: There may be a deductible involved, a co-insurance payment, as well as a yearly insurance benefit maximum or maximum number of treatments per year to be considered. All these factors combine to reduce the benefits you will ultimately receive. We will do our utmost to see that you receive maximum benefits within the structure of your particular insurance plan.

If you have two insurance companies, coordination of benefits may be available to you; however, please provide that information at your first visit. We will bill your insurance company if you so desire, but we must have all the pertinent information. PLEASE REMEMBER THE FINANCIAL OBLIGATION FOR TREATMENT IS BETWEEN YOU AND THIS OFFICE AND IS NOT DEPENDENT UPON INSURANCE COVERAGE.

There will be a \$30.00 NSF fee charge, or the amount of the bank charge, whichever is greater for a check returned to Motus Physical Therapy.

I, the undersigned, hereby consent to: The performance of physical therapy services provided by Motus Physical Therapy and its employees.

\_\_\_\_\_  
Patient (or Legal Guardian)

\_\_\_\_\_  
Date