

## MOBILIZE PHYSICAL THERAPY PATIENT REGISTRATION

Initial

### ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I have been notified of Mobilize Physical Therapy's Notice of Privacy Practices that describes how my health information is used and shared. I understand that Mobilize Physical Therapy (MPT) has the right to change this notice at any time. I may obtain a current copy by contacting the clinic.

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### TERMS OF PAYMENT / CO-PAYS

A claim will be submitted to your insurance company on your behalf. Your portion of your bill is due upon receipt of statement. If your insurance has a co-pay, it is due at the time of service.

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### MISSED APPOINTMENT POLICY

We require 24 hours notice if you are unable to keep your appointment. A \$125 fee may apply after a missed appointment if proper notice is not given.

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### RELEASE OF BENEFITS

I authorize my insurance benefits to be paid directly to Mobilize Physical Therapy. I am responsible for co-payments, deductibles, and non-covered services as determined by my insurance plan at the time of claims processing. I authorize MPT or my insurance company to release any information required for processing of this claim per MPT's Notice of Privacy Practices.

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### RELEASE OF MEDICAL RECORDS

I authorize Mobilize Physical Therapy to release any information to referring or consulting health care providers that may be necessary to administer care. In addition, I authorize my medical records may be released to the following:

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### CONSENT TO TREAT

I consent to receive treatment as prescribed by my doctor or physical therapist.

\_\_\_\_\_  
Signature or Parent/ Guardian Signature

\_\_\_\_\_  
Date

## MOBILIZE PHYSICAL THERAPY PATIENT REGISTRATION

Place an X over your area of symptoms:

