



General Office Policy and Consents

No Shows and Cancellations: Because we reserve a time for you to meet one-on-one with your therapist, it is important for us to know if you are not going to be able to keep an appointment. If you need to cancel your appointment for any reason please contact the office manager 24 hours in advance to reschedule. If you fail to contact our office at least 24 hours in advance a \$25 charge will be applied to your balance.

Authorization for Release of Information: I hereby authorize Country Roads Physical Therapy and Rehabilitation, LLC to release any information concerning my care to the appropriate individuals of insurance companies and physicians. I accept full responsibility for any deductibles and co-insurance, or any amount not covered by my insurance company for service rendered to me by this facility. I authorize payment of medical benefits to Country Roads Physical Therapy and Rehabilitation, LLC.

Treatment Consent Authorization: I understand and acknowledge that I authorize and consent to diagnostic procedures, tests, or treatments that maybe ordered by my physicians and carried out by members of the Country Roads Physical Therapy and Rehabilitation, LLC staff. I voluntarily consent to such treatment. I understand that at any given time students may be involved in my care under the direct supervision of a qualified instructor.

Medicare Signature on File: I authorize payment of my Medicare Benefits to Country Roads Physical Therapy and Rehabilitation, LLC for services rendered.

Primary/Secondary Insurance Signature on File: I authorize payments of my medical benefits to Country Road Physical Therapy for services rendered.

Notice of Privacy Practices: I have received a copy of Country Roads Physical Therapy and Rehabilitation's Notice of Privacy Practices.

Patient/Guardian Signature

Date