



**Please Read All of the Information Carefully Prior to Signing**

**Consent for Treatment**

I, the undersigned, do hereby agree and give consent to NorthStar Physical Therapy to perform a physical therapy evaluation and treatment techniques as required to appropriately rehabilitate my therapy related condition. I give NorthStar Physical Therapy my consent to use or disclose my health information to other health professionals in order to carry out my treatment when necessary.

**Financial Agreement**

I authorize the release of all information, including medical records, necessary to process my insurance claims and for payment to be made directly to NorthStar Physical Therapy.

I understand NorthStar will submit my bill to my insurance or other third party payers but I am ultimately responsible for payment of all account balances. I agree to pay all co-payments, deductibles, and any portion that my insurance does not pay.

If this account goes to collections, I will be responsible for all fees incurred.

I understand a \$5 monthly rebill charge is added to patient balances which are 30 days past due.

I understand a \$25 fee will be added for any returned checks.

**Attendance Policy**

Individuals who NO SHOW for their appointment will be assessed a \$35 fee.

A total of three no-shows or cancelled appointments may result in DISCHARGE FROM THERAPY.

We ask that you call as SOON AS YOU CAN to cancel an appointment if necessary.

**Notice of PRIVACY PRACTICES**

I acknowledge I have been given a copy of NorthStar Physical Therapy's Notice of Privacy Practice before signing this form. I understand the Privacy Practice and my rights as a patient.

**I have read the above information and understand my attendance and financial obligations.**

Signature:

Date: