



Please Read and initial each of the following paragraphs

**Consent of Care and Treatment or Fitting of Durable Medical Equipment**

\_\_\_\_\_ I hereby agree and give my consent for Rocky Mountain Physical Therapy to provide medical care, treatment and/or fitting/issuing DME that is considered necessary and proper in diagnosing or treating my physical condition.

**Benefit Assignment/Release of Information**

\_\_\_\_\_ I hereby assign all medical benefits to **include major medical** and/or **durable medical equipment benefits** to which I am entitled, including Medicare, Medicaid, private insurance, and third party payers to Rocky Mountain Physical Therapy. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

**\*\*\*Cancellation Policy\*\*\* (Strict policy)**

\_\_\_\_\_ It is the patient's responsibility to give **Rocky Mountain Physical Therapy** a **24 hour notice** if they will be unable to attend an appointment. It is **Rocky Mountain Physical Therapy's** policy that patients who fail to give **24 hour notice** will be charged a **\$50.00 cancellation/no show fee**. Our time is valuable to our patients and this policy makes it possible for us to offer appointments to all patients in a timely and effective manner.

**Acknowledgement of Receipt of Notice of Privacy Practices**

\_\_\_\_\_ I acknowledge and agree that I have been informed to read the Notice of Privacy Practices Policy on Rocky Mountain Physical Therapy's website, In addition, I acknowledge I can request a copy of Rocky Mountain Physical Therapy's Notice of Privacy Practices in writing at any time.