

PATIENT CONSENT

Please acknowledge the following statements and confirm your agreement to each with your signature. If applicable, please have your parent/guardian sign in your stead.

TREATMENT POLICY

I understand I have been referred for rehabilitation treatment and care to VPT Performance, or the patient chooses direct access to physical therapy services and forgoes the right to have a licensed doctor of medicine, chiropractor, dentist, podiatrist, or doctor of osteopathic medicine informed of the initiation of physical therapy treatment. VPT Performance has described for me my individual treatment plan. I understand I have the right to ask and have questions answered prior to receiving treatment, including questions regarding risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. I understand no supervision of dependents is provided and I am responsible for my dependents. By signing this agreement, I consent to have VPT Performance provide treatment and care as prescribed by my physician and/or recommended by my therapist.

PAYMENT POLICY

VPT Performance accepts all major credit cards and cash, but does not accept checks. VPT Performance is primarily an out-of-network provider, thus payment is due at the time of treatment. This does not mean patients cannot be reimbursed by their insurance provider. VPT Performance will assist patients with filing for reimbursement upon request. VPT Performance cannot guarantee payment and strongly suggests that you read your insurance policy and ask about your physical therapy benefits prior to receiving treatment. VPT Performance has an agreement with you, not your insurance company, for receipt of payment. Please be aware of this and plan to make payments accordingly.

Tricare patients are not required to pay at the time of treatment unless their plan requires a Copay. Reimbursement paperwork will automatically be filed.

CANCELLATION POLICY

VPT Performance reserves the right to charge patients for cancelled appointments and no shows if 24-hour notice is not provided. The cancellation rate is \$50 per missed appointment.

NOTICE OF PRIVACY PRACTICES

I acknowledge and agree to the above policies. I have received, reviewed and agree to VPT Performance's Notice of Privacy Practices.

Name

Parent/Guardian Name

Signature

Date