

**Longview Physical &
Sports Therapy Services, P.S.**

Patient Account #: _____

Patient Name: _____ Social Security #: _____

Consent for Treatment

I do hereby agree and give my consent for Longview Physical & Sports Therapy Services, P.S. to furnish medical care and treatment considered necessary and proper.

Release of Information

I authorize Longview Physical & Sports Therapy Services, P.S. to release all information necessary, including medical records, to secure payment.

I authorize Longview Physical & Sports Therapy Services, P.S. to obtain medical records from my physician or other medical professional as it relates to my treatment.

Assignment of Benefits

I authorize payment directly to Longview Physical & Sports Therapy services, P.S. This is a direct assignment of my rights and benefits under this policy. A photocopy of this assignment is to be considered as valid as the original.

Payment Guarantee

I agree to pay Longview Physical & Sports Therapy Services, P.S. for the services provided to me or the party named above. If the law (Workers Compensation) or my payor contract prohibits my payment for these services I will cooperate and/or assist in the provision of information, releases, etc. to allow for speedy collection from my third party payor. Where the law or payor contract does not prohibit payment by me, I acknowledge responsibility for any/all account balances.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my physical therapy treatments.

I have read and agree to all the terms as stated above. I understand my responsibility for the payment of my account.

Signature of Patient/Guardian/Responsible Party

Date