



Patient Name: \_\_\_\_\_

**Authorization for Treatment**

I hereby authorize Access Physical Therapy & Wellness to provide physical therapy treatment and services to myself or above named patient. I also authorize the release of such information that may be necessary for my care via mail, electronic or facsimile transmission.

**Release and Assignment of Benefits**

I hereby authorize Access Physical Therapy & Wellness (APTW) to bill my insurance company directly for the covered portion of charges, and I authorize payment of medical benefits directly to APTW. I authorize APTW to release medical or other information necessary to process this claim. I understand that I am ultimately responsible for my physical therapy charges, and I agree to pay my deductible, co-payment or co-insurance, and any charges not reimbursed by my insurance carrier. I understand that some insurance carriers require medical or administrative pre-authorization for treatment, or have reimbursement limits on physical therapy treatment. I understand I am responsible for knowing and meeting the requirements of my insurance plan.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

**Emergency Contact Information:**

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Text/E-Mail Reminders**

We are excited to offer text and e-mail reminders of your appointments. Keeping your information secure is important to us so we want you to be aware that email and texts are not considered secure means of communications. The appointment reminders contain minimal information and therefore are low risk; however please consider this when electing this service. If you would like to be included in these reminders, please complete the following information. You can select either option or both if you prefer.

Please send me e-mail reminders of my appointments.

My E-mail address is: \_\_\_\_\_

Please send me text reminders of my appointments.

My cell phone number is: \_\_\_\_\_

**My Cell Carrier is:**  Alltel  AT&T  Boost Mobile  Cincinnati Bell  Cellular South  Centennial Wireless  Cricket Wireless  Metro PCS  Nextel  Powertel  Qwest  Rogers  Sprint  Suncom  Telus  T-Mobile  Tracfone  U.S. Cellular  Verizon  Virgin Mobile

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date