



Northwest Physical Therapy

Changing lives... One step at a time

MINOR PATIENT INFORMATION

(Form to be completed by parent or guardian for any patients under the age of 18)

FATHER _____ HOME PHONE _____

ADDRESS _____
(If different from Patient)

WORK PHONE _____ EMPLOYER _____

MOTHER _____ HOME PHONE _____

ADDRESS _____
(If different from Patient)

WORK PHONE _____ EMPLOYER _____

PAYMENT RESPONSIBILITY

It is hereby understood and agreed that the undersigned and/or the patient will be personally responsible for all treatment which is furnished to the patient, which is not covered by insurance benefits. By signing this provision, you are expressly agreeing to person liability for all charges, which are incurred, regardless of benefits, which may be available. Northwest Physical Therapy, Inc. agrees to submit all charges for payment to insurance carriers, if any. Payment in full is due on co-payment and deductibles within thirty (30) days of billing. Uncovered treatments, or bills exceeding thirty days payment, incur service charges of 1 ½ percent per month of the unpaid balance. Payment plans are available, but need to be arranged by separate agreement. **By signing this agreement I hereby agree to be responsible for all charges incurred by the patient.**

CONSENT FOR TREATMENT

I further hereby authorize and consent to treatment upon my minor child being performed by Northwest Physical Therapy, Inc., pursuant to the prescription from my physician. I further authorize the release of my records to any insurance company or provider for purposes of payment, my treating physician, and for other payment requirements or treatment purposes.

Northwest Physical Therapy, Inc. is committed to providing the highest quality services in physical therapy and rehabilitation care. We are further dedicated to furnishing our care and services to those who are in need of care but are unable to afford the cost of treatment. Patient who cannot afford treatment are required to make arrangements for disposition of the charges prior to treatment commencing, which shall be in writing, otherwise all charges are due and payable as incurred.

Parent or Guardian Date