

PATIENT AGREEMENT

- [] I agree that a photocopy of this agreement is as valid as the original.

- [] I understand that Pinnacle Physical Therapy, Inc. verifies insurance on my behalf. I further understand that this does not represent a guarantee of payment. If I have questions it is my responsibility to ask the front desk or contact the member services of my insurance provider regarding any concerns about my benefits.

- [] I understand that I am financially responsible for all charges not paid by my insurance company. In the event of default, I agree to pay all cost of collection and reasonable attorney's fee.

- [] I understand that it is important I adhere to my scheduled appointment times. If, dilemmas arise I promise to be courteous and give Pinnacle Physical Therapy a call if I am running late, unable to make my appointment or if I simply need to reschedule any future appointments.

- [] I authorize that my signature on this form constitutes assignments of benefits to the above named healthcare provider

- [] I consent to have Pinnacle Physical Therapy, Inc. provide the treatment and care prescribed by my physician(s). I understand this consent may be revoked by me at any time.

- [] Pinnacle Physical Therapy has my permission to keep my referring physician informed of all my sessions

PATIENT'S SIGNATURE

DATE