

Covenant and financial agreement

I AGREE TO THE FOLLOWING TERMS WITH REGARDS TO THE MANAGEMENT OF MY HEALTHCARE WHILE RECEIVING TREATMENT AT RELEASE PHYSICAL THERAPY

- 1. I will be truthful regarding my condition, and neither falsely exaggerate not minimize my complaints. Doing so may affect the course and results of my treatment.
- 2. I am responsible for my own healthcare, and though my decisions may be guided by the therapists here, I have the greatest control regarding my treatment. I have the right to refuse services and/or treatments, and my decisions with be respected.
- 3. I agree to undergo periodic re-evaluations to monitor my progress and changes in symptoms.
- 4. I will be informed regarding the risks and benefits of the treatments, and expected time frame of improvements.

BILLING/PAYMENT

As a courtesy, Release Physical Therapy will submit and file claims with your primary insurance carrier on your behalf and your insurance company will reimburse you directly. However, all charges remain your responsibility on the date the services are rendered. It is your responsibility to ensure that the insurance company properly processes your claims. It is also your responsibility to let Release Physical Therapy know if you require a pre-authorization as well as the expiration date/visits you are pre-authorized for. As an out-of-network provider, you are responsible for all costs that are not covered by insurance. Our relationship is with you, not your insurance company. Patients are responsible for the full payment of charges at the time of service.

Initials_____

CANCELLATION POLICY

I the patient will pay to the order of Release Physical Therapy any cancellation charges for missed appointment without 24 hours of advanced notice. I acknowledge that cancellation charges are \$150 per missed appointment and that future appointments will not be made until any and all cancellation charges have been paid in full.

I the patient acknowledge that I must call Release Physical Therapy at 202-974-6621 or email at info@releasept.com for cancellations. I CANNOT TEXT BACK APPOINTMENT REMINDERS TO CANCEL. Release Physical therapy will not be able to receive responses sent to appointment text messages reminders. Please call or email office to cancel appointments.

Initials_____

We have read and understand the above and affix our signature:

Signature

Date

