65 Wiggins Ave, Bedford, MA 01730

Patient Authorization

Authorization to Release Records/Information
I authorize Moving Forward Physical Therapy, Inc. to release any information relative to treatment administered, to any third party payors financially responsible for payment of these services, to my referring/primary care physician, and any legal representative involved in my litigation.

Consent
I authorize Moving Forward Physical Therapy, Inc. to evaluate my injury and provide physical therapy treatment considered necessary under direction or supervision of a physical therapist. I understand that physical therapy may have some risks, and no guarantee has been made as the result of my treatment. I understand that I can terminate my treatment at any time.

If I provided an email address, I consent to receiving email reminders, statements, home exercise program, and understand that such emails may contain health information.

Assignment of Insurance Benefits
I authorize that the payment of authorized benefits be made directly to Moving Forward Physical Therapy, Inc. for services rendered.

Cancellation Policy
We request a 24 hour notice in the event of a cancellation. Appointments cancelled less than 24 hour notice and no-shows are subject to a $25 fee.

Billing Policy
I am responsible for understanding my insurance coverage and payment. I agree to contact my insurance carrier regarding eligibility, deductible, copayment, and take necessary steps to insure the treatment is covered. I will notify Moving Forward Physical Therapy, Inc. of any changes in my insurance coverage while receiving physical therapy.

- If my insurance requires a referral from the primary care physician, a referral must be received prior or on the day of the first appointment.
- I understand that copayment is due at the time of the visit, and deductible amounts are my responsibility and will be invoiced after the insurance carrier processes the patient claim.
- Insurance benefit information does not guarantee payment. Unpaid services are patient's responsibility. I guarantee payment of any charges left unpaid by my insurance carrier for any and all services rendered to me.

Covid 19 Liability Waiver
I am fully and personally responsible for my own safety and actions while participating in any activity while in, on and around the premises or while using the facilities that may lead to unintentional exposure or harm due to Covid-19. With full knowledge of the risks involved, I herby release, waive and discharge any and all liability, claims and demands of whatever kind or nature against Moving Forward Physical Therapy Inc. due to the risk of Covid-19 exposure.

By signing this document, I acknowledge my consent to all of the above:

Patient Name: _____

Patient Signature: _____ Date: _____

Workers Compensation Only
Moving Forward Physical Therapy, Inc. requires authorization/approval by worker's compensation carrier prior to your initial visit. If my claim is in deferred status, I am responsible for providing my private medical insurance in order to bill for services if the claim is denied. If the claim is denied and I do not have private medical insurance, I am responsible for payment.

Automobile Accident Only
If my treatment is a result of a motor vehicle accident or personal injury lawsuit, Moving Forward Physical Therapy, Inc. may request verification from my attorney. I am required to provide a copy of my private medical insurance on the first visit. If I have Personal Injury Protection (PIP) through my motor vehicle insurance, I authorize to bill my health insurance once the PIP has been exhausted.

By signing this document, I acknowledge my consent to the above:

Patient Name: _____

Patient Signature: _____ Date: _____