



## RS PHYSICAL THERAPY

45023 Pontiac Trail Novi MI 48377

---

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, TO RELEASE MEDICAL RECORDS, TO OBTAIN MEDICAL RECORDS AND /OR HEALTHCARE OPERATION.

**Consent to care:** I, the undersigned hereby consent RS physical Therapy to perform physical therapy services as may be deemed necessary and proper. If patient is a minor under the age of 18, a parent or legal guardian must sign this agreement.

**Authorization to request information:** I authorize RS Physical Therapy to request insurance eligibility and or related information from my insurance companies for the purpose of administering physical therapy services. I authorize RS Physical Therapy to request and receive medical records and health information from appropriate sources such as physician's office, testing facilities, etc pertaining to the condition for which I am receiving physical therapy treatment.

**Authorization to release information:** I authorize RS Physical Therapy to release any information necessary to my Insurance, Employer of my status , physician, health plan administrators, United States Government or its designated authorities, and the Judiciary of the United States of America as may be necessary and when requested.

**Assignment of Insurance Benefits:** I authorize and direct insurance or payers to pay directly to RS Physical therapy for any service costs incurred. I understand that any or all deductibles, co pay, out of pocket expense payments refused by my insurance or payers will be my responsibility to pay.

**Verbal consent** (if necessary): I authorize RS Physical Therapy to perform treatment prescribed by my physician.

---

**Name:** Patient/ Responsible Party

**Signature:** Patient/Responsible party

**Date:**

☐ Adult patient

☐ Parent

☐ Guardian

\*It is patient's right and responsibility to check with the insurance company regarding coverage, deductibles, co pay, out of pocket expense and for any limitations in physical therapy services.