OrthoSportsMED™
Physical Therapy

Consent for Treatment

I, the undersigned, a patient at OrthoSportsMED Physical Therapy (OSMPT)*, do hereby authorize Kipp K. Dye, MSPT, or any of the licensed physical therapy staff to administer treatment as necessary. I also certify that no guarantee or assurance has been made to the results that may be obtained.

I understand and agree that health and/or accident insurance policies are an arrangement between the insurance carrier(s) and me. Furthermore, I understand that OSMPT will prepare insurance forms, and will bill only as a courtesy my insurance company directly. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

Deductibles/Percentage pays and/or Co-Payments

Co-payments are to be paid AT TIME OF SERVICE, unless prior arrangements have been made with the Office Manager. Deductible and percentage payment amounts will be billed at the time the payment from your insurance company is received. Payment is due within 30 days of the date on the invoice. Patients are to keep payments current.

Cancellation/No-Show Policy

I understand that cancellations should be made the day prior to the day of my scheduled appointment(s), unless extenuating circumstances prevent otherwise. The fee for no-shows is $25.00. Appointments will be classified a no-show if cancellations are made the same day of my scheduled appointment(s).

By signing below you are agreeing to all the above terms and conditions.

_____ _____

Patient or Legal Guardian's Signature Date

* OrthoSportsMED is the trade name for Orthosports & Aquatic Physical Therapy, PC*