

**Consent:**

Thank you for choosing Jordan Physical Therapy Center, Inc, a preferred provider within your health insurance network. In today's initial evaluation, a California Licensed Physical Therapist will review your medical history and will design a personalized "Plan of Care" using a variety of treatment options and techniques. In the course of your therapy series, you will have two providers specifically assigned to treat you: a licensed physical therapist and a licensed physical therapy assistant. *I agree and give my consent for JPTC to furnish physical therapy care and treatment considered necessary and proper in evaluating and treating my condition.*

**Appointments:**

I understand that in order for physical therapy to be optimally effective, it will require my compliance, participation, and regular attendance. *I agree to be on time for my scheduled appointments to fully benefit from my treatment time. In the event of a cancellation, as a courtesy, I agree to cancel my visit no less than 24 hours notice of my scheduled treatment time. I agree to compensate a loss of revenue by paying a \$50.00 fee upon my failure to show for an appointment or to give proper advance notification of a canceled appointment.*

**Payment:**

Insurance companies will often require members to pay a "co-pay" for their physical therapy visits. The amount of your co-pay may or may not be listed on your insurance card. All co-pays required by your insurance company will be collected upon your arrival at check-in. Your deductible (if you have one) is considered to be your out-of-pocket expense that must be paid by you before your insurance company will cover your medical expenses. It is always the policy holder's (patient's) responsibility to know their insurance plan and the amount of their deductible. Here at JPTC, our policy is to collect deductibles at time of service, whenever possible.. *I understand that I am totally responsible and liable for payment of all charges agreed (Copay \_\_\_\_\_ Deductible \_\_\_\_\_). In the event of default, I agree to pay all costs of collection. If it becomes necessary to commence legal action for the collection of any outstanding charges on my account, I will be responsible for any and all costs of collection, reasonable attorney's fees and court fees in addition to the outstanding balance. Furthermore, I acknowledge financial responsibility as defined by my policy.*

**Legal:**

Throughout your therapy series, insurance claims will be submitted by JPTC to your insurance company as a "preferred provider" within your insurance company's network. In the event that your insurance coverage terminates during your physical therapy series you are fully financially responsible to pay the outstanding balance in full within 90 calendar days. Payment plans can be arranged upon your request. *In the event that my insurance company forwards payment directly to me I agree to deliver such payment directly to JPTC along with attached EOBs. I give authorization for payment of insurance benefits to be made directly to Jordan Physical Therapy Center, Inc (JPTC) for services rendered, authorize JPTC to release all personal and/or medical information necessary to secure the payment of claim.*

**Nutrition, Massage, Equipment**

**Nutrition:** In addition to being a California Licensed Physical Therapist, Danny Jordan, PT has participated in the Nutritional Health Foundation (NHF) education program. This enables Jordan Physical Therapy Center Inc. to sell wellness products, including Standard Process items. Although nutritional counseling is not intended to replace any official recommendations from your medical professional, Danny Jordan, can provide experienced and educated counseling with regard to nutrition for a variety of wellness issues. Nutritional Response Testing (NRT) and Nutrition Consulting (NC) are available by appointment only. Please see receptionist regarding any inquiries to schedule an appointment. NRT and NC provided by Danny Jordan must be considered as an educational service solely to promote general wellness. The service provided during NRT visit does not constitute physical therapy interventions as described in codes used to bill Health Insurance plans.

**Massage** Therapy is exceptionally beneficial for increasing the level of oxygen in the blood, decreasing muscle toxins, improving circulation and flexibility while easing tension and is available for your convenience at a reasonable rate here at Jordan Physical Therapy Center, Inc. You may inquire about our licensed Massage Therapists at the reception desk. Massage Therapy provided by a licensed massage therapist does not constitute physical therapy interventions as described in codes used to bill Health Insurance plans.

**Equipment:** We purchase many frequently recommended items related to physical therapy issues, such as cold packs, foam rollers, etc. Because we purchase them in bulk we are able to offer them to you here often at a price lower than other retail providers. Medical equipment is not billed to Insurance plans.

**I have been given a copy, read, understand and agree to all of the above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date