

Bill Hogan M.S.,P.T.
Anthony J. Tomaselli P.T.



Paula Hoyt P.T.A.
Lisa Ciapciak P.T.A.

235 Lakemont Rd. • Newport, VT 05855
Tel. (802) 334-8558 • FAX (802) 334-8559

YOU MUST BE 18 YEARS OLD IN ORDER TO SIGN THE FOLLOWING AUTHORIZATIONS.

AUTHORIZATION TO TREAT:

I hereby authorize NorthEast Kingdom Physical Therapy to evaluate and treat me/my minor child with those modalities and procedures recommended by my/his/her physician and physical therapist.

OBLIGATION TO OBTAIN REFERRAL:

I understand that I have an obligation to obtain a referral for specialist services from my Primary Care Physician, insurance carrier, or utilization review carrier should this be required under the terms of my coverage. If the proper authorization or referral is not obtained, I understand that I am financially responsible for any charges consequently denied.

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize NorthEast Kingdom Physical Therapy to release any medical information acquired in the course of my or my child's evaluation and treatment to my attorney, insurance carrier, or utilization review carrier.

AUTHORIZATION TO PAY BENEFITS:

I hereby authorize payment directly to NorthEast Kingdom Physical Therapy for all physical therapy services rendered.

CHARGE FOR MISSED APPOINTMENTS:

I understand that I have responsibility to attend all scheduled visits. I understand that I, not my insurance carrier, will be charged \$5.00 for any visit I do not attend without 24 hour prior notification to NorthEast Kingdom Physical Therapy. I understand that after 3 no shows without notification I will be discharged.

OBLIGATION TO PAY:

I understand that I am financially responsible for any charges not covered by my insurance and I agree to pay at a self pay rate of \$95.00 for an Initial Evaluation and/or \$45.00 for a regular appointment as well as any deductibles or co-payments required by my insurance plan. If I do not pay I could be subject to collection and or attorney fees.

YOU MUST BE 18 YEARS OLD IN ORDER TO SIGN THESE AUTHORIZATIONS, OTHERWISE PARENT OR GUARDIAN MUST SIGN.

I HAVE READ AND AGREE TO THE ABOVE:

Signature

Date