Care2Cure Physical Therapy, PC
7390 Dexter Ann Arbor Rd. Suite B.
Phone: (734) 580-2046 Fax: (734) 580-2135
Care2curept@gmail.com

POLICY AGREEMENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES: I understand that Care2Cure Physical Therapy complies with HIPAA, will protect my Protected Health Information (PHI), and use it as allowable by law in the treatment, billing, and collection pertaining to my care until my case is closed and full payment is received. I also authorize staff from Care2Cure Physical Therapy to leave a detailed message on voicemail regarding my care in the event I am not able to answer. By signing this form, I acknowledge that I have been offered a copy for review. Initial _____

FINANCIAL POLICY STATEMENT: We bill your insurance carrier solely as a courtesy to you. You are responsible for the payment of the entire bill amount when our services are rendered unless prior arrangements have been made. We require that arrangements for the payment of your estimated share be made today. If your insurance carrier does not send the payment within 90 days, you are responsible for the balance not paid by your insurance. In the events that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly send such payment to Care2Cure Physical Therapy. The above does not apply for those patients that are treated under Worker's Compensation and Attorney Liens. However, be advised that if you claim Worker's Compensation benefits and are subsequently denied such benefits, you may be held responsible for the total amount of charges for services rendered to you. If you fail to make any payments for which you are responsible, in a timely manner, you will be responsible for all costs of collecting the funds owed, including court costs, collection agency fees, and attorney fees. I, the undersigned, hereby assign all medical benefits to include private insurance and third-party payers to Care2Cure Physical Therapy. Care2Cure Physical Therapy offers dry needling as part of a physical therapy treatment program when indicated. While a treatment program is generally covered, at least in part, by insurance, dry needling is NOT. Care2Cure charges $30 per treatment for dry needling.

Patients with Cancelled or No-Show appointments with less than a 24-hour notification are subject to a $25.00 fee.

CONSENT TO TREAT: I hereby authorize the professional staff at Care2Cure Physical Therapy to perform the evaluation and treatment procedures deemed necessary by my physician and therapist for the condition for which I have been referred here or referred myself to.

I further understand and acknowledge that Care2Cure Physical Therapy may lease or license real estate, equipment, or other personal property (collectively, "Leased Property") from third parties to perform the evaluation and treatment procedures deemed necessary by my physician and therapist in the treatment of my condition. **In consideration of being permitted to making use of and/or having access to the Leased Property, I hereby, on behalf of myself, on behalf of any minor or other person for whom I have requested such evaluation and treatment procedures ("Minor"), on behalf of my heirs, successors and assigns, and on behalf of such Minor's heirs, successors and assigns release and forever discharge any and all direct or beneficial owners of the Leased Property and their respective successors, related entities, officers, employees, and agents (collectively, "Releases") from, and hereby waive and release, any and all claims, demands, actions, and causes of action whatsoever arising out of or in any way related to any loss, damage, or injury, including death, that may be sustained by me and/or such Minor in, on, upon, in connection with or while making use of the Lease Property, regardless of whether any such loss, damage, or injury is caused by the active or passive negligence of the Releases or otherwise and regardless of whether any such liability arises in tort, contract, strict liability or otherwise, to the fullest extent allowed by law.**

_____ _____ _____

Printed Name of the Patient Signature of the Patient or Patient Representative Date

If a representative signing this form, relationship with the patient _____