

Performance Lifestyles, Inc.

Authorization and Assignment

1. I acknowledge receipt of Performance Lifestyles' privacy policies regarding private health information and disclosures.
2. I understand that I am financially responsible for charges not covered by my insurance carrier, including non-covered services, co-payments, co-insurance, and deductibles.
3. I hereby assign Performance Lifestyles, Inc. all payments for medical services rendered to myself or my dependents.
4. I acknowledge that I am responsible for keeping treatment authorizations updated including a) Insurance referrals for HMO plans, and/ or b) New doctor's orders every 30 days for Medicare patients.
5. If this injury is work related or a result of an automobile accident, you must have an active claim on file with your insurance carrier. The insurance carrier will be billed directly for all treatments rendered. If you would like a copy of your record sent to your attorney, we will need a signed release with his/ her name and address.
6. I authorize email communications regarding my care at Performance Lifestyles, Inc. including photographs.

Consent for Care and Treatment

I, the undersigned, do hereby give my consent for Performance Lifestyles, Inc. to furnish physical therapy care and treatment to (name) _____, which is considered necessary and proper in diagnosing and treating their physical impairments.

I have read, understand and agree to the assignments above.

If you are under age 18, a parent or guardian must sign for you.

Signature of Patient/ Guardian _____ Date _____

Name of Guardian _____ Relationship _____