



Please **read** and **initial** indicating that you are aware of and will adhere to following policies:

The information on the Patient Intake Form is correct. I will notify Youngs Physical Therapy & Sports Performance, Inc. immediately of any insurance changes. Failure of which may result in denial of coverage, the fees for which I will be responsible for.

Copays are due upon arrival. All copays will be taken at the beginning of each visit.

Arriving Late: Late arrivals may be rescheduled so that other patients may be seen on time.

Cancellations and Rescheduling: We require a minimum of 24-hour advanced notice to cancel or reschedule appointments. A \$25.00 fee may be assessed for less than 24-hour notice. This fee will not be covered by insurance.

Not showing for an appointment: If you fail to show for an appointment without prior notice or if you cancel within 2 hours of your scheduled appointment time you will be charged a \$50.00 fee and all future appointments may be cancelled.

Appointment Reminders: We send appointment reminders via text and/or email. Please let us know if these reminders are helpful. We can adjust how you are notified to best fit your needs.

Insurance/Benefit Information: Every attempt is made to obtain accurate physical therapy benefit information. At times, insurance companies give us incorrect information. This error will not be determined until claims are processed after services are rendered. If patients overpay for services, a refund will be issued once the patient has been discharged. If there is a balance not paid by the insurance company, the patient will be responsible for these charges. Patients are **encouraged** to verify their own benefits. It is ultimately the patient's responsibility to know and understand their benefits. It is ultimately the patient's responsibility to notify our office of any change in insurance. Visits can be denied due to a change in insurance, at that time patient will be responsible for any additional finances.

Social Media: We love to highlight our patient's strengths and accomplishments by promoting their success on social media. I authorize Youngs Physical Therapy and Sports Performance to use my name, pictures, videos on their website and social media and to tag me in such posts and content.

Please **read** the statement below and **sign** indicating understanding.

I understand and agree that insurance claim forms will be submitted to my insurance company as a matter of convenience only, and that I am responsible for all charges regardless of my existing medical coverage.

I hereby give authorization for payment of insurance benefits to be made directly to Youngs Physical Therapy & Sports Performance, Inc. for services rendered. In the event that my insurance company forwards payment directly to me, instead of Youngs Physical Therapy & Sports Performance, Inc., I will immediately deliver said payment to Youngs Physical Therapy & Sports Performance, Inc.

I understand and agree that I am responsible for payment of all charges assessed for professional services rendered and will pay any sum due when requested. I understand and agree that if necessary to commence legal actions for the collection of any outstanding charges on my account, I will be responsible for any costs and/or court fees, in the addition to the outstanding balance.

Assignment of Benefits/Proceeds: I hereby instruct and direct ALL payers responsible for making payments towards the treatment of my injuries to pay Youngs Physical Therapy & Sports Performance, Inc., 1301 E Arlington Blvd., Greenville NC, 27858 for the professional or medical benefits/proceeds allowable, and otherwise payable to me as payment toward the total charges for the professional services rendered. This is a direct assignment of my rights and benefits/proceeds under ANY applicable policies/agreements. I further intend for this Assignment to create a secured interest under the applicable Uniform Commercial Code.

Authorization to Release Information: I authorize the release of any medical or other information necessary to verify benefits/obtain payment or complete treatment.

Consent to Evaluation & Treatment: I do hereby consent to the evaluation and treatment by Youngs Physical Therapy & Sports Rehab, Inc. I understand it is my right to accept or refuse any treatment offered to me. I acknowledge and understand that no guarantee has been made to me as to the results that may be obtained from such treatment.

Signed (Patient and/or parent or legal guardian)

Date