



Patient First Name

Patient Last Name

Date of Birth

Insurance Information Input and Privacy Policy Received through Patient Portal

I have provided my benefit information accurately and to the best of my knowledge. I understand and accept the insurance information I provided will be verified by Youngs Physical Therapy & Sports Performance. The verification of benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity and the terms, conditions, limitations and exclusions of the patient’s health benefit plan at the time the services are rendered.

I acknowledge receipt of the Youngs Physical Therapy & Sports Performance privacy policy. I understand that I can request an additional copy of the policy at any time.

Signature of Patient or Guardian _____

Acknowledgement of Clinic Policies

Please read, review, and acknowledge to adhere to the Clinic Policies of Youngs Physical Therapy & Sports Performance below:

Correct Information on the Patient Intake Form: Patient is responsible to 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.

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. Patients are *encouraged* to verify their own benefits. It is ultimately the patient’s responsibility to know and understand their benefits, and to notify our office of any change in insurance. Once the claim is finalized, if insurance processes patient responsibility higher, the patient will be responsible for these charges.

Payments are due at date of service: All payments will be taken at each visit. An adult, parent or guardian accompanying a minor will be responsible for the payment each visit. If the minor is unaccompanied, we can store a credit card on file.

Refunds: If a patient overpays for services, a refund will be issued once the patient has been discharged, or the credit may be applied to services within the office.

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

Cancellations and Rescheduling: We require a minimum of one business day advanced notice to cancel or reschedule appointments. A \$25.00 fee may be assessed for less than one business day 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. After the third no show, all future appointments will be cancelled.

Appointment Reminders: We send appointment reminders via text and/or email. These reminders are a courtesy and cannot be guaranteed. It is the patient’s responsibility to attend all scheduled appointments. If you would like to change your communication preference, please let us know.

By signing I acknowledge and agree to adhere to the above listed policies.

Signature of Patient or Guardian _____

CONTINUED ON BACK

Signature of Patient or Guardian _____
Date _____

No, I do not agree to be a participant in social media.

Yes, I agree to be a participant in social media.

At Youngs Physical Therapy & Sports Performance we love to highlight our patient's strengths and accomplishments by promoting their success on social media. Do you authorize Youngs Physical Therapy & Sports Performance to use your name, pictures, and/or videos on the website and tag you in our social media posts and content?

Social Media Agreement

Signature of Patient or Guardian _____

By signing I acknowledge and agree to adhere to the above listed policies.

Consent to Evaluation & Treatment: I do hereby consent to the evaluation and treatment by Youngs Physical Therapy & Sports Performance. 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.

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

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 Rehab, Inc. DBA Youngs Physical Therapy & Sports Performance, 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.

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.

Consent to Evaluation and Treatment: 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 for services rendered. In the event that my insurance company forwards payment directly to me, instead of Youngs Physical Therapy & Sports Performance, I will immediately deliver said payment to Youngs Physical Therapy & Sports Performance.

Consent to Evaluation and Treatment Statement

Please read and review the patient consent to evaluation and treatment at Youngs Physical Therapy & Sports Performance.

