

PATTERSON PHYSICAL THERAPY REGISTRATION FORM

Referral for physical therapy must be submitted at the time of the first appointment and must be written within the last 30 days. _____ (Initial)

I authorize Patterson Physical Therapy’s licensed physical therapists and licensed physical therapist assistants to treat my medical condition by using physical therapy modalities and techniques as indicated by my evaluation. I authorize Patterson Physical Therapy to apply for benefits on my behalf, for services rendered by Patterson Physical Therapy, and I request payment for those services be made directly to Patterson Physical Therapy.

I certify that the insurance information I have provided to Patterson Physical Therapy is correct. I understand that nothing herein relieves me of the primary responsibility and obligation to pay for services provided. I understand that I am personally responsible for paying all charges for services rendered to me and to make payment when due. _____ (Initial)

I give Patterson Physical Therapy permission to:

Speak with _____, and

leave messages on the answering machine, send emails. _____ (Initial)

At the discretion of Patterson Physical Therapy, missed or cancelled appointments without 24-hour notification will result in a \$40.00 charge. _____ (Initial)

I understand that wearing a mask for Covid precautions is optional. I will follow the current CDC Covid guidelines if I am exposed to and/or have tested positive with Covid-19. _____(Initial)

In case of an emergency, I give permission to Patterson Physical therapy to contact:

(Name/Relationship)

(Phone Number)

Patient Name (print): _____

Signature: _____ Date: _____