



“Hands on Healing, A Passion for Performance”

AUTHORIZATION OF TREATMENT

Thank you for choosing **LODI PHYSICAL THERAPY** as your health care provider. We are committed to your treatment being successful. I, hereby, authorize Lodi Physical Therapy to treat my condition as prescribed by the referring physician. _____ (please initial)

INSURANCE POLICY

As a courtesy, we have contacted your insurance company to verify your insurance and benefits. According to your insurance company, this is not a guarantee of payment. I authorize Lodi Physical Therapy all payment for services rendered. _____ (please initial)

PRIVACY ACTS (HIPPA)

I also authorize Lodi Physical Therapy to send all information regarding my injuries/illness to my doctor and/or insurance carrier. I acknowledge that I am the patient (or legal guardian of the patient) listed above, and the information contained on this form has been explained to me. I also authorize release of medical records. _____ (please initial)

I have read, understand, and agree to Authorization of Treatment, the Insurance Policy, and Privacy Acts (HIPPA) policy.

APPOINTMENT AND PAYMENT AGREEMENT

Patients are seen by appointment only. We make every effort to be on time for our patients and ask that you extend the same courtesy to us. If you cannot keep an appointment, please notify our office immediately. This courtesy on your part makes it possible to give an appointment to another person who needs the treatment. **We reserve the right to charge \$10 for appointments broken or cancelled without 24 hour notice. Your Insurance company is not responsible for this charge.** _____ (please initial)

Co-payments and Co-insurance are due at the time of the service.

If you need to arrange a payment plan, please contact our office at (209) 368-7433.

Repeated tardiness or not showing for scheduled appointments 3 or more time will result in your future appointments being cancelled (if you are a workers comp patient, your case manager and physician will be notified).

We appreciate patients arriving early for appointments; however, arriving early does not ensure you will be seen before you scheduled appointment time.

Thank you for your cooperation!

Patient/Guardian/Responsible Party Signature

Date