
**Insurance Assignment/Authorization to Release Confidential
Consent for Treatment**

1. _____ (Initials) I give my consent for a physical therapy evaluation and treatment to be administered by Performance Physical Therapy of Naples, Inc.
2. _____ (Initials) I authorize medical information to be released from my chart to my physician.
3. _____ (Initials) If this is a workman's compensation claim or a motor vehicle claim, I authorize the release of information to claim adjusters, case managers and employers.
4. _____ (Initials) I understand that I am responsible for payment of services rendered. Billing will be done from this office to my insurance carrier and I am responsible for my deductible. I am aware that I am responsible for co-payment amounts dictated by my insurance carrier. I will be charged "usual and customary amounts" based on the fee schedule for rehabilitation that my insurance carrier has developed or allowed.
5. _____ (Initials) I understand that Performance Physical Therapy of Naples, Inc., will verify my insurance benefits as a courtesy to me and collect copayments, Coinsurance and deductibles based on estimates only provided by my insurance carrier. Should my insurance carrier deny or make only a partial payment, I understand that I am responsible for any remaining balances.
6. _____ (Initials) I authorize my insurance carrier to directly pay Performance Physical Therapy of Naples, Inc. for services appropriately rendered and billed for.
7. _____ (Initials) I recognized that it is my responsibility to remit checks issued directly to me from my insurance carrier to Performance Physical Therapy of Naples, Inc. If my insurance carrier issues payment to me for services rendered and I have a remaining balance with Performance Physical Therapy of Naples, Inc., I understand that it is my responsibility to not only turn over the payment but that I am responsible for any remaining balances not covered by my insurance carrier.
8. _____ **(Initials) I understand that should I not provide 24 hours notice to Performance Physical Therapy of Naples, Inc. to cancel my appointment, I will be charged a No Show/Cancellation fee of \$25.00, which cannot be waived.**

This Insurance Assignment/Authorization to Release Confidential Information/Consent for Treatment is applicable to all Performance Physical Therapy of Naples, Inc. office locations.