



PERFORMANCE
PHYSICAL THERAPY
OF NAPLES, INC.

Complete Orthopedic, Sports, and Spine Rehabilitation

Insurance Assignment/Authorization to Release Confidential Information/ Consent for Treatment:

1. I give my consent for a physical therapy evaluation and treatment to be administered by Performance Physical Therapy of Naples, Inc. _____(initial)
2. I authorize medical information to be released from my chart to my physician. I also authorize medical information to be released to my insurance carrier as needed for billing purposes. _____(initial)
3. 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. _____(initial)
4. I understand that I am responsible for payment of services rendered. Billing will be done from this office to my insurance carrier and I will be responsible for my deductible. I am aware that I am responsible for co-pay 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. _____(initial)
5. I understand that Performance Physical Therapy of Naples, Inc., will verify my insurance benefits as a courtesy and collect copayments, coinsurance and deductibles based on an estimates only provided by your insurance carrier. Should my insurance carrier deny or make partial payment, I understand that I am responsible for any remaining balances. _____(initial)
6. I authorize my insurance carrier to directly pay Performance Physical Therapy of Naples, Inc. for service appropriately rendered and billed for. _____(initial)
7. I recognize 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. _____(initial)

Signature: _____ Date: _____