

PROFESSIONAL FEES: Fees for professional services are based on our own experience and not on payment schedules promoted by insurance companies as usual and customary, average, median, etc. In some cases an insurance company will pay the entire fee, while in other cases an insurance company will pay only a portion of the fee. We will furnish a reasonable number of medical and insurance reports to expedite your insurance claim.

FINANCIAL AGREEMENT: I hereby authorize payment of medical insurance benefits due to me or my dependent to be made directly to **Northshore Physical Therapy**. I understand that I am responsible for that portion of fees not paid by insurance. Credit card payments are accepted. Should the account be referred to an attorney or agency for collection, I will be responsible for reasonable attorney's fees and collection expenses.

CANCELLATION POLICY: Northshore Physical Therapy enforces a 24-hour cancellation policy. For each appointment missed without proper notice, a \$25 fee will be charged. I am aware that Northshore Physical Therapy requires at least 24 hours notice for any appointment that must be cancelled or missed.

I will be responsible for the \$25 fee charged for cancellation without proper notice.

RELEASE OF INFORMATION: I authorize Northshore Physical Therapy to furnish insurance companies or their representatives, physicians, or other parties as indicated information concerning my (my dependent's) illness, injury, and/or treatment necessary for completion of claims for insurance benefits.

Signature

Date

Are you interested in receiving information on upcoming seminars and special events associated with the clinic? Yes No Which method would you prefer? Standard Mail Email

Please take a moment to let us know how you found out about Northshore Physical Therapy and our services? If you found us through a newspaper or yellow pages directory, please identify the publication . Thank you.
