



5245 Schaefer Road, Suite B
Dearborn, MI 48126
info@cure-pt.com
313-584-CURE (2873)

Patient Consent and Treatment Agreement

Consent to Treatment

I consent to rehabilitation and related services at Cure Physical Therapy. In doing so, I understand, acknowledge and affirm that such rehabilitation and related services may involve bodily contact, touching, and/or direct contact of a sensitive nature. I understand I may experience an increase in my current level of pain or discomfort or aggravation of my existing injury. This discomfort is usually temporary; if it does not subside in 24 hours, I agree to contact my physical therapist. I understand that my physical therapist will share with me his/her opinions regarding potential results of physical therapy treatment for my condition and will discuss treatment options with me before providing treatment. I understand that my physical therapist at Cure Physical Therapy, cannot make any promises or guarantees regarding a cure for or improvement in my condition.

Treatment of Minors

I, as parent/guardian of a minor receiving treatment hereunder, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.

Liability

I understand and agree that Cure Physical Therapy is not responsible for loss, theft, or damage to personal valuables and belongings and hereby release Cure Physical Therapy from any liability arising out of such loss, theft or damage to personal belongings.

Waiver and Release

I hereby release, discharge and acquit Cure Physical Therapy, it's agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and or medical services, including but not limited to ambulance service, Emergency Medical Technician, physician or urgent care services.

Authorization of Payment

I hereby authorize and direct my insurance carrier and/or health plan to make payment directly to Cure Physical Therapy of any benefits that would otherwise be payable directly to me for treatment and services provided by Cure Physical Therapy and hereby assign to Cure Physical Therapy all rights and interests I have in insurance proceeds or benefits otherwise payable to me for services rendered by Cure Physical Therapy. I



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authorize the release of any medical records necessary to facilitate my treatment to process medical claims and as otherwise permitted or required in the Notice of Privacy Practices. I fully understand that in the event my insurance company or financially responsible party does not pay for the services I receive, I will be financially responsible for payment.

Acknowledgment of Receipt of NPP Policy

I have received, understand, and agree to all information included and described in the Cure Physical Therapy Notice of Privacy Practices.

I _____ certify that all of the information provided herein is true and correct.
(Patient Name/Authorized Delegate)

Patient Signature

Date

For Medicare Patients Only:

I _____ request that authorized Medicare benefits made to me or on my behalf be paid to the practitioner named above. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits or the benefits payable for related services. I certify that the information given by me for payment under Title XVIII of the Social Security Act is correct. I have read this information and understand its content.

Patient Signature

Date