

QUANTUM THERAPY, PC.

Financial Responsibility

I agree to pay all charges at the time treatment is rendered. I understand that Quantum Therapy, PC does not accept insurance, and that all payment is out of pocket. I also understand that upon request, I will be given a receipt that can be submitted privately to my insurance for subsequent reimbursement ("out of network").

Physician Referral

While it is no longer necessary to obtain a physician's referral for Physical Therapy under state law, many insurance companies do require this. If you are planning to submit your bills for reimbursement from your health insurance company, please check with them regarding this issue.

Release of records

I authorize release of my physical therapy records to any third party payer such as a health insurer (____) or motor vehicle insurer (____) for the purposes of reimbursement. I understand that my signed authorization will be requested to release records in other circumstances such as disability or litigation claims.

(Please initial next to one or both of the above that you authorize)

Privacy Notice

I understand that Quantum Therapy, PC will maintain my privacy to the highest standards and may use or disclose my personal health information only for the purposes of carrying out treatment, obtaining payment, and any administrative operations related to treatment or payment.

Cancellation Policy

I understand that 24 hours notice is required to avoid a \$75 cancellation fee.

I have read, understand, and agree to all of the above.

Patient Signature: _____ Date: _____