



CONSENT TO TREATMENT: I consent to receive outpatient rehabilitation therapy services and any ancillary services that are deemed medically necessary or appropriate by my physical therapist and/or treating physician. However, I am aware that the practice of rehabilitation therapy is not an exact discipline and I acknowledge that no guarantees have been made to me regarding treatment and the treatment results from the rehabilitation therapy. Signature of Patient or Guardian:

_____ Date ____/____/____

Financial Responsibility: I agree to pay Momentum Physical Therapy all amounts that are due and owing for services provided which are not otherwise paid for by Medicare, a third party insurance plan, a third party payor, or other payor source on my behalf for services rendered. In the event that this account is referred to a collection agency or an attorney, the undersigned further agrees to pay all reasonable costs of collection including, but not limited to, reasonable attorney's fees.

Newsletter: In an ongoing effort to provide our patients with great customer service and the latest information regarding all of our client services, you may periodically received emails from our company and its affiliates. If you prefer NOT to get these emails, please check the box below:

Opt out of Newsletter

Patient or Guardian Agreement:

I acknowledge that Momentum Physical Therapy and Fitness may disclose protected health information for the purposes of payment, treatment and healthcare operations (please refer to Professional Physical Therapy's Notice of Privacy Practices for additional information). o I understand that I am responsible for any balance due and owing Professional Physical Therapy for services rendered.

Patient or Guardian Signature _____ Date _____

Email Address _____