



Consent for Treatment: I authorize the staff of Physical Therapy Unlimited, Inc. to perform such examinations, treatments as deemed necessary for my care.

Release of Medical Records: In order to ensure proper follow-up and continuity of care, I agree that a copy of my medical records (e.g. MRI reports, X-ray reports, etc) may be released to my physical therapist. I also agree, if necessary, that my health information may be shared with another health care provider for consultation purposes in respect to my care. I also agree that my information may be released to Precision Medical Services for billing purposes.

Insurance Authorization: I authorize release of any information concerning my (or my child's) healthcare and treatment provided for the purpose of administering claims for insurance benefits. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. I also hereby authorize payment of insurance benefits otherwise payable to me directly to Physical Therapy Unlimited, Inc.

Financial Policy / Responsibility of Payment: Your insurance will be billed as a courtesy. If your insurance does not cover all of the visit charges, you are responsible for the remaining balance. All co-payments and are due at time of services and balance of accounts are due upon receipt of bill unless other arrangements have been made. Billing for Physical Therapy Unlimited is completed by Precision Medical Services located at 320 W. Bedford Suite 202, Fresno, CA 93711. ***If there are questions regarding your bill please contact Precision Medical Services at 559-261-0581.***

Signature of patient or parent if minor

Date