

AUTHORIZATIONS

I hereby give my consent to Pine Lake Physical Therapy & Sports Rehab, P.S. to provide Physical Therapy services on an ongoing basis as prescribed by my Physician.

This authorization or its photocopy will authorize the release and receipt of any medical information necessary for treatment and/or to process claims for services rendered by this provider.

I authorize the Physical Therapist and Staff to provide services as outlined under the state and federal laws and regulations.

I understand that the Physical Therapist may contact the other medical care providers to communicate information regarding this service.

Should I choose as a patient of PLPT to have my minor children accompany me to any appointment I release PLPT Staff from any responsibility for the health and welfare of said child during my treatment at their facility.

Services may be discontinued at anytime I so choose. My rights include, but are not limited to RCW 70.127.140. Any grievance should be addressed to Ron D. Enyeart or Cynthia A. Enyeart @425-391-4488, fax 425-391-8287 or by mail at: 2850 228th Ave. SE Suite B Sammamish, WA 98075.

I understand that I am responsible for all charges incurred for services rendered and Pine Lake Physical Therapy & Sports Rehab, P. S. can not guarantee benefits provided by my health care insurance.

I request and authorize my insurance company and/or Medicare/Medicaid to make payments of authorized benefits on my behalf to Pine Lake Physical Therapy & Sports Rehab, P.S.. My responsibility and insurance coverage for copayment has been explained to me.

Patient or Responsible Party Signature

Date Signed