



Amelia Physical Therapy Permission Form

**10130 Superior Way
Amelia, VA 23002**

**114 E. Broad Street
Blackstone, VA 23824**

1. I am requesting Amelia Physical Therapy, Inc. to provide physical therapy services to me on behalf or as prescribed by my physician.
2. I give my permission for the release of any and all medical records that would be beneficial to the processing of this claim or to further my rehabilitation.
3. I request that payment of authorized insurance benefits for services be reassigned to Amelia Physical Therapy, Inc.
4. I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf.
5. I understand that it is my responsibility to pay for services and supplies if my insurance benefits are paid to me inadvertently.
6. I am requesting physical therapy services be provided to me and understand that it will be my responsibility to pay for these services if my insurance does not pay.
7. I understand that any balance remaining on my account after 60 days from the date of service is subject to interest charges at the rate of 1.5 percent per month.
8. I understand I am responsible for all registered mail fees, court costs, and attorney fees incurred as a result of collection efforts on this account.
9. I understand that I am responsible for a return check fee of \$35.00 if payment made by my personal check is returned to Amelia Physical Therapy because of insufficient funds.
10. A notice of Amelia Physical Therapy's Privacy Practices has been offered to me and is displayed in the clinic.

_____ **EFFECTIVE JANUARY 1, 2019: A \$25.00 FEE WILL BE CHARGED**
(Initial) FOR ALL MISSED APPOINTMENTS WITHOUT 24 HOURS NOTICE.

Patient Signature/or Responsible Party: _____

Patient Printed Name: _____

Witness Signature _____ **Date:** _____