

# **Wind City** **Physical Therapy**

I understand that I have the right to choose my physical therapy provider and have chosen Wind City Physical Therapy. I hereby authorize and give my consent for Wind City Physical Therapy to furnish physical therapy care treatment deemed necessary and advisable in evaluating and/or treating my physical condition. I further understand no guarantees have been made to me as to the outcome of treatment.

I acknowledge that I can receive a copy of Wind City Physical Therapy's privacy practices in their office or by visiting their website at [www.windcitypt.com](http://www.windcitypt.com). This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. If you have any questions about our Notice of Privacy Practices, please contact our Privacy Officer at 307-235-3910.

I hereby authorize Wind City Physical Therapy, through its appropriate personnel, to perform the evaluation and treatment procedures that are deemed necessary by my physician and therapist in the treatment of my condition. I further authorize Wind City Physical Therapy to furnish the appropriate agencies, for the purpose of billing, any information acquired during the course of my treatment and to send me reminders of my appointments. I am assigning my therapy benefits to Wind City Physical Therapy for the services I receive and authorize my insurance carrier to make payments to Wind City Physical Therapy on my behalf. Wind City Physical Therapy reserves the right to seek reimbursement from any and all of your insurers regardless of whether you provide us with their contact information, unless you instruct us to bill you directly. Wind City Physical Therapy is HIPAA compliant with regard to information sharing policies.

By signing this document, I acknowledge that I have read, understand and agree to the information contained in this document including insurance benefits and any information I have presented to verify my own identity or the identity of a minor beneficiary is current, correct and complete to the best of my knowledge. I agree to the financial terms stated above.

I further understand and acknowledge that Wind City Physical Therapy may lease or license real estate, equipment or other personal property (collectively "Leased Property") from third parties to perform the evaluation and treatment procedures that are deemed necessary by my physician and physical therapist in the treatment of my condition. In consideration of being permitted to make use of and/or have access to the Leased Property, I do hereby, on behalf of myself, on behalf of any minor or other person for whom I have requested such evaluation and treatment procedures ("Minor"), on behalf of my heirs, successors and assigns, and on behalf of such Minors' heirs, successors and assigns, release and forever discharge any and all direct and beneficial owners of the Leased Property and their respective successors, related entities, directors, officers, employees and agents (collectively "Releasees") from, and hereby waive and

release, any and all claims, demands, actions, and causes of action whatsoever arising out of or in any loss, damage, or injury, including death, that may be sustained by me/or such Minor in, on, upon, in connection with or while making use of the Leased Property, regardless of whether any such loss, damage, or injury is caused by the active or passive negligence of the Releasees or otherwise and regardless of whether any such liability arises in tort, contract, strict liability or otherwise, to the fullest extent allowed by law.

As a courtesy to you, Wind City Physical Therapy will file your medical insurance claims. The contract between you as a patient and your insurance company is, however, personal to you. Wind City Physical Therapy is not responsible for issues between the patient and insurance carrier, nor can Wind City Physical Therapy intervene or negotiate for either party on disputed claims. Please advise us immediately if you change your insurance coverage while undergoing treatment. Physical therapy equipment and supplies are not typically reimbursable by the carrier. As such, Wind City Physical Therapy requires payment by the patient for any equipment/supply at the time the order is placed. Wind City Physical Therapy will provide a receipt as documentation of the purchase, so you may pursue reimbursement personally. Wind City Physical Therapy accepts cash, check, VISA or Mastercard as payment options. I agree to pay any office visit co-payment, deductible charges at time of visit. I agree to promptly pay my personal account balance including co-insurance or unmet deductible upon receipt of my statement. I understand and agree that responsibility for payment for services rendered is mine, due and payable unless other financial arrangements have been made. In the event of default, I agree to pay such collection costs and reasonable attorney fees as may be required to effectively collect the debt.

Anyone who misrepresents or falsifies essential information requested by this form may, upon conviction, be subject to fine and imprisonment under Federal Law. Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare Law.

---

Client Signature

---

Date