

## **General Office Information**

Welcome to Mountain River Physical Therapy. We look forward to serving your physical therapy needs and wish you a speedy recovery.

**Cancellation Policy:** Appointment times are reserved exclusively for you. If you are unable to keep your appointment, we request twenty-four hours notice to allow us time to offer that appointment to someone else.

We do understand that extenuating circumstances sometimes occur for missing appointments and should be discussed with the office manager.

**Authorization For Release:** I hereby authorize Mountain River Physical Therapy to release any information concerning my care to the appropriate individuals of insurance companies and physicians. I accept full responsibility for any deductibles and co-insurance, or any amount not covered by my insurance company for service rendered to me by this facility. I authorize payment of medical benefits to Mountain River Physical Therapy.

**Treatment Consent Authorization:** I am fully aware of my medical diagnosis and I give my consent to Mountain River Physical Therapy to provide treatment for my condition.

**Medicare Signature on File:** I authorize payment of my Medicare Benefits to Mountain River Physical Therapy for services rendered.

**Primary/Secondary Insurance Signature on File:** I authorize payments of my medical benefits to Mountain River Physical Therapy for services rendered.

**Notice of Privacy Practices:** I have received a copy of Mountain River Physical Therapy's Notice of Privacy Practices.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_