



PATIENT SERVICE AGREEMENT

Consent for Patient Care and Service

I hereby consent and authorize *Tranquillity Physical Therapy, Inc.* (all professional staff including but not limited to Therapists, Therapist Assistants, and Technicians) to provide care and treatment to me in the clinic per program policy and/or as prescribed by my physician. A physical therapist of this organization will be explaining my plan of care and all of my questions will be answered satisfactorily. I understand that the treatment plan may change and, if so, these changes will be discussed with me. I further understand that I and/or my family will receive instructions and demonstrations in future care/exercise at home and remaining care will therefore become my responsibility at home. I agree to notify my physical therapist of any changes or others significant events relating to my health. _____ (Initial Here)

Release of Information

I hereby consent to and authorize *Tranquillity Physical Therapy, Inc.* to disclose and release information contained in my clinical record to health care providers involved in my care, my healthcare insurance, utilization review and professional standards review organizations (KSBHA), that may/will assist me to meet my health needs . _____(Initial Here)

Payment Liability

I understand that all information provided by me to *Tranquillity Physical Therapy, Inc.* is true and correct to the best of my knowledge. I understand that services provided to me by *Tranquillity Physical Therapy, Inc.* will be billed to:

(NAME OF PRIMARY INSURANCE, SECONDARY INSURANCE, AND /OR SELF-PAY)

I understand and agree to pay deductibles, co-payments and any amounts due after payment of benefits on my behalf by and all third party payers. _____(Initial Here)

This Agreement is applicable only to this admission to *Tranquillity Physical Therapy, Inc.* I understand what I have read and what was explained to me, thus I agree to the terms and condition as stated above. Additionally, I understand either party (myself or Tranquillity) may terminate this agreement at any time.

Patient or Legal Guardian (If Minor)

Today's Date

Tranquillity Management