

Appointment Reminder/Communications: By providing your contact information and signing below, you agree to receive information (such as appointment reminders, patient surveys, and other information relating to the services provided to you) via the communication channels for which you provided the contact information.

Consent for Treatment: I hereby consent to evaluation and subsequent treatment which, in the judgment of my therapist and/or physician, may be considered medically necessary or advisable while a patient of Impact Rehab & Wellness.

Guaranty of Account: I hereby authorize payment of medical benefits to Impact Rehab & Wellness for services rendered and accept total responsibility for all services not paid in full by my insurance company or payer source. I understand that I am responsible for paying copays, deductible, and coinsurance at each service as applicable.

Notice of Privacy Practices: I acknowledge that I have received a copy of the Notice of Privacy Practices for Impact Rehab & Wellness.

Attendance Policy: I understand that attendance at all scheduled physical/occupational therapy appointments is vital to my rehabilitation. It is Impact Rehab & Wellness' policy that my physician, case manager, and insurance adjuster, if applicable, may be notified regarding any no shows or unjustified cancellations. In addition, I also understand that a total of any combination of cancellations or no shows greater than three will serve as reason for discharge from physical/occupational therapy services, unless indicated by my physician.

Disclaimer: While Impact Rehab & Wellness makes every effort to obtain correct information regarding copay, coinsurance, and deductible, we cannot guarantee the information we receive from your insurance company to be completely accurate. By signing, you agree that you understand that Impact Rehab & Wellness cannot be held responsible for information provided to them incorrectly from your insurance company. Impact Rehab & Wellness does not assume responsibility for loss, damage, or destruction of patient's personal property, including patient's vehicle. The patient specifically agrees to release, indemnify, and hold Impact Rehab & Wellness harmless from and against any and all claims, demands, and/or causes of action of any and every nature related to or arising from any accident, casualty or event involving patient's property which may occur in, on, or about Impact Rehab & Wellness property, unless such claims shall be based on intentional, negligent, or malicious acts by Impact Rehab & Wellness or its employees.

Patient Signature & Date or Parent/Legal Guardian Signature & Date (if patient is a minor)

Guarantor of Account for minor patient: Legal Name (please print)

Relationship to minor patient: _____ Date of Birth: _____ SSN: _____