Welcome and thank you for choosing Revolution Physical Therapy, LLC!

Please read all of the following information carefully and please don't hesitate to call or speak with us prior to your appointment if you have any questions.

PRIVACY POLICY

I understand that Revolution Physical Therapy, LLC will maintain my privacy to the highest standards and may ONLY use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

Please identify in any individuals or entities which you do **NOT** want information disclosed to:

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CONSENT TO TREATMENT

Revolution Physical Therapy, LLC is a hands-on Physical Therapy clinic. Though highly specialized, treatment consists primarily of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of electrical stimulation, deep tissue massage, therapeutic exercise programs, neuromuscular re-education, myofascial release, bone and soft tissue manipulation, as well as other treatment modalities may be used. Some of the hands-on treatment techniques require deep pressure which may cause periods of increased soreness which may last from 6-72 hours. Your therapist will review your plan of care & discuss these treatment options with you in order for you to provide specific consent.

Symptoms may also change and move to other parts of the body. This is not unusual and is rarely a concern; however, please ask if you have any concerns or questions. The number of treatments needed and recovery time can vary due to the age of injury, number of times injured, age of patient and many other contributing factors.

CANCELLATION POLICY

In order to assure you of the greatest benefit from your therapy consistent attendance & participation in your plan of care are essential! As a courtesy to other patients and our Therapists, **we require a 24-hour (or greater) notice for cancellations**. This allows others on waiting lists to be seen. Only emergencies or illnesses are excusable. **A $75 fee will be billed upon violation of this policy.**

PAYMENT/BILLING POLICIES

Revolution Physical Therapy, LLC is a fee-for-service clinic. This means that payment is **due at the time services** are rendered and we will not bill your insurance company. We can, upon request, provide receipts with diagnosis and treatment codes which you may choose submit to your insurance company. If further reports or documentation are

requested, these will be provided. We accept cash and personal checks. If you are covered by Medicare and are interested in discussing options for treatment & billing, please contact our front office.

Given you will be paying at the time of services, if your insurance company reimburses our clinic, these monies will be returned to them.

I/We have read and fully understand the above statements. I understand the nature of the treatments at *Revolution Physical Therapy, LLC.* I authorize Willam Tyson Young PT, DPT and the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery.

I/We authorize *Revolution Physical Therapy, LLC* to release all medical information and/or records to my requesting insurance company and/or referring physician.

Patient Name_____ Signature_____
Date_____

Representative _____ Signature_____
Date_____