

# Advanced Physical Therapy & Rehab

(Subsidiary of Universal Rehab Services, Inc.)

1023 N Highland Ave, Murfreesboro, TN 37130

Phone 615-624-8476 Fax 615-624-8478

## Treatment Agreement

### General Consent to Care

I, the undersigned, hereby consent to medical care and treatment as deemed necessary and proper by the medical staff of Universal Rehab Services, INC. DBA Advanced Physical Therapy & Rehab. If patient is a minor under the age of 18, a parent or legal guardian must sign this agreement. I agree and give my consent for Physical Therapy Services or Consult/Wellness to be provided by Advanced Physical Therapy & Rehab staff.

### Billing Policy

It is the policy of Advanced Physical Therapy & Rehab, to provide the service of billing the patient's insurance company for services regularly covered under the policy thereof. This service is limited by conditions and exclusions as indicated in the policy holder agreement. While many insurance plans will typically cover services provided by Advanced Physical Therapy & Rehab, insurance coverage varies between plans and the patient is ultimately responsible for charges for services rendered to the patient. Deductibles, co-payments, and other restrictions for services or fees not specifically covered according to policy may limit your insurance coverage. It is your responsibility to contact your insurance company to verify coverage, deductibles, co-insurance, co-payment and any limitations in therapy services.

### Assignment of Insurance Benefits

I authorized Insurance payment benefits to be paid directly to Universal Rehab Services, Inc. DBA Advanced Physical Therapy & Rehab. I understand that insurance may not pay for all the services I receive and that I am responsible to pay for services or materials provided to me that are not paid by the insurance.

### Release of Information and Acknowledgement of Receipt of Health Information Privacy Practice

I authorize Universal rehab services, Inc. DBA: Advanced Physical Therapy & Rehab to release any information necessary to process my claims and to inform my primary provider or physician, Lawyer, Insurance or Employer of my status. I have been informed that Advanced Physical Therapy & Rehab will protect all information from unauthorized use or release other than that used to process my claim and manage my care. Health information privacy practice rules have been explained to me and I have received copy of Health information privacy practices, policies and procedure.

### Auto / Personal Injury

It is the policy of Advanced Physical Therapy & Rehab to wait two months for insurance or your attorney to pay for services. After this time it becomes the responsibility of the patient to pay for services and be reimbursed by their agent or lawsuit.

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Signature of Patient / Guardian

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Printed Name

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Date

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Relationship to Patient