



Patient Information

Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____

Emergency Contact Information

Name: _____
Relation: _____
Phone Number: _____
Guardian/Phone Number (if minor)

How did you hear about Clarity?

___ Family Member/Friend/Name _____
___ Doctor/Name _____
___ Live in Neighborhood _____
___ Yelp/Google _____
___ Other: _____

Clarity Physical Therapy & Wellness Center Consent Form

Patient Name: _____

CONSENT: I consent to physical therapy services at Clarity Physical Therapy and Wellness Center. I know if I have any questions about my care, I should be sure to ask the physical therapist about them. I know it is up to me to inform the therapist/staff about any health problems or allergies I have. I must also tell the physical therapist/staff about drugs or medications I am taking.

INSURANCE: As a courtesy to you, Clarity's front desk staff obtains information from your Insurance company regarding Eligibility & Coverage for Physical Therapy. The information we receive is not a guarantee of coverage or payment. Please note, it is the responsibility of the patient to know their policy Coverage and Benefits information. We encourage you to call your insurer's Customer Service Department to verify your Eligibility & Coverage for Physical Therapy.

FINANCIAL POLICY: We are committed to providing you with the best in Therapy care. To do this, without compromising our patients, this policy has been implemented for each patient. If you have medical insurance, we are ready to assist you in receiving your maximum allowable benefits. In order to achieve these goals, we will need your assistance and understanding of our payment policy. Co-payments must be made at each visit. Please be further advised that returned checks and balances older than 30 days from your treatment discharge may be subject to additional collection and legal fees, as well as interest charges of 1.6% per month. If you participate with our in-network groups such as MEDICARE, BCBS, AETNA, UHC AND CIGNA, we will bill your insurance company and accept assignment of benefits. You will be responsible for all co-pays, coinsurance and deductibles. Verification of your insurance benefits is not a guarantee of coverage. It is the responsibility of the patient to know his or her benefits. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT: A copy of Clarity Physical Therapy and Wellness Center's Notice of Privacy Practices was made available to me at the location where I received health care services. The Notice of Privacy Practices was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices. I know that I can ask for a copy of the Notice of Privacy Practices to take with me.

ATTENDANCE POLICY: You have been referred to physical or occupational therapy due to a physical problem or disability. The maximum benefits of therapy can only be achieved if you are very serious about your rehabilitation and follow the instructions you are given. Attendance at therapy is mandatory unless severe circumstances (illness, etc....) prevent you from making your appointment. A \$25 fee for visits not cancelled with at least 24 hours' notice may be applied to your account at the owner's discretion. If you do not show for a

scheduled appointment, it is your responsibility to reschedule the appointment at your next visit or by phone. In the unlikely event that three consecutive appointments are missed, you will be automatically discharged due to non-compliance, and your physician and or insurance representative will be notified. A new referral/prescription may be necessary to return. If you have any questions about the above policies, please don't hesitate to ask us.

Signature of Patient/Guardian _____
Date _____



Texting Opt-In Policy

Clarity offers texting as a form of communication. We understand most patients prefer this, because it's faster and more convenient. This is completely optional for our patients, and you may opt out at any time!

Reasons we may text you include:

- Schedule openings, if on a wait list
- Reminders to bring in updated scripts, insurance cards, etc.
- Insurance information, including updates on authorizations, etc.



We do not use texting robots, all text you receive will come directly from the Clarity staff. You can reply to them, and we will receive them instantly!

If you choose to opt-out of texting, we will be happy to use phone calls and voicemails as your preferred communication.

Please sign below if you would like to utilize Clarity's texting as your preferred method of communication

Signature & Date

Printed Name

Cell Phone Number

