TOTAL BODY REHAB

Consent Form

Consent to Treat

I consent to rehabilitation and related services at Total Body Rehab Services. In doing so, I understand, acknowledge and affirm that such services may involve bodily contact, touch and/or other direct contact of a sensitive nature

Treatment of Minors

I, as a parent or guardian of a minor receiving treatment hereunder, do hereby agree and understand that I have been advised to remain on the premises during such treatment and waive any claim I may have resulting in failure to do so.

Waiver and Release

I hereby release, discharge and acquit: Total Body Rehab Services, its agents, representatives, affiliates, employees, or assigns of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency or medical services including, but not limited to Ambulance Services, Emergency Medical Technician, Physical or Urgent Care Services.

Liability

I know and agree that Total Body Rehab Services is not responsible for loss or damage to personal valuables

Authorization of Payment

I hereby assign all benefits directly to Total Body Rehab Services. I also authorize the release of any medical records to other healthcare providers as necessary to facilitate my treatment and to other third parties as necessary to process medical claims and otherwise permitted or required in the Notice of Privacy Practices.

Financial Policy

I understand fully that, in the event my insurance company or financially responsible party does not pay for services I receive, I will be financially responsible for payment.

To assist in establishing your account:

-Supply all necessary information for accurate claim, including insurance card, driver's license, employer information and demographic information

-Satisfy all insurance co-payments, co-insurances, deductibles and all non-covered services on the day services are rendered.

-Provide your insurance company and us with any additional information requested to process claims filed on your behalf.

**In the event that this account is referred to a collection agency, (Buyer, Client, Etc.) agrees to pay any collection fees incurred by Total Body Rehab Services LLC in addition but not limited to any attorney's fees or costs of collections

Communications Consent

-I agree to receive email communication regarding appointment updates and marketing communications from Total Body Rehab Services at the following email address on file

-I agree to receive Text Message communication regarding appointment updates and marketing communications from Total Body Rehab Services at my phone number.

-I consent Total Body Rehab Services to leave a message on my voice mail/answering machine regarding appointment updates and marketing communications at my phone number.

-I give permission to the person (s) listed below to receive detailed information regarding my appointments, medical care, billing and payment information. I understand that this DOES NOT authorize the disclosure of my written health information.

Total Body Rehab SMS Terms

-When you opt-in to Total Body Rehab, you agree to receive promotional & transactional text messages related to marketing & customer care.

- You can cancel the SMS service at any time. Just text "STOP". After you send the SMS message "STOP" to us, we will send you an SMS message to confirm that you have been unsubscribed. After this, you will no longer receive SMS messages from us. If you want to join again, just sign up as you did the first time and we will start sending SMS messages to you again.

- If you are experiencing issues with the messaging program you can reply with the keyword "HELP" for more assistance, or you can get help directly at tbrphysicaltherapy@gmail.com.

- Carriers are not liable for delayed or undelivered messages.

- As always, message and data rates may apply for any messages sent to you from us and to us from you. You will receive up to 4 messages per month. If you have any questions about your text plan or data plan, it is best to contact your wireless provider.

-Total Body Rehab will not share consumer opt-in data and consent with any third parties for their own use case; excluding aggregators and providers of the Text Messaging services.

Patient Signature: Date:

_____ _____

PRINTED PATIENT NAME: _____