2828 W. 44th Ave, Denver, CO 80211
303.477.5303, F 303.477.5302
fixpain@physicaltherapydenver.com

WE REQUIRE 24 HOURS NOTICE IF YOU NEED TO CHANGE YOUR APPOINTMENT

PATIENT NAME_______________________________________SSN___________________

ADDRESS__________________________________CITY____________ST___ ZIP______

PRIMARY PHONE_________________H W C SECONDARY PHONE______________H W C

DOB__________AGE____ MARITAL STATUS_________OCCUPATION_________________

EMAIL ADDRESS____

EMERGENCY CONTACT____________________RELATION__________PHONE__________

PRIMARY INSURANCE (INS. NAME ONLY)____

SECONDARY INSURANCE (INS. NAME ONLY)______________________________________

HOW DID YOU HEAR ABOUT BODY IN BALANCE PT?_______________________________

Consent to Treat: I authorize Body in Balance Physical Therapy to render services as deemed necessary for the care of the above-named patient.
Medical Release of Information: authorize Body in Balance Physical Therapy to release any medical information necessary to process this claim.
Assignment of Benefits: I hereby assign payment directly to Body in Balance Physical Therapy, the basic benefits as well as major medical benefits herein specified and otherwise payable to me, for the charges for this treatment period. I understand I am financially responsible for any charges not covered by my insurance. I understand that I will be held responsible for any costs incurred regarding collection of payment services rendered.
HIPPA Notice of Privacy Practices: I have read and understand my rights outlined in the HIPPA notice of privacy practices as a patient at Body in Balance Physical Therapy.

CANCELLATION POLICY: IF YOU ARE UNABLE TO ATTEND YOUR SCHEDULED APPOINTMENT, **WE REQUIRE AT LEAST 24-HOUR NOTICE.** NO-SHOWING OR CANCELLING YOUR APPOINTMENT WITH LESS THAN 24-HOUR NOTICE **WILL RESULT IN A $60 CHARGE.**

THE CANCELLATION CHARGE IS NOT COVERED BY YOUR INSURANCE POLICY AND WILL BE YOUR RESPONSIBILITY.

Patient signature_______________________________________Date______________

A FINANCE CHARGE OF 10% WILL BE ASSESSED MONTHLY FOR ANY UNPAID BALANCE.