



The movement of pilates ~ the science of Physical Therapy

PATIENT INFORMATION / CONSENT TO TREATMENT

Last Name			First Name			MI	Birthdate
Address			City/State			Zip	
Home Phone		Cell Phone		Work Phone		Employer/School	
Social Security #	Age	Marital Status	Sex	Referred By			Relationship
Emergency Contact			Relationship			Phone #	
Responsible Party		Relationship		Birthdate		Social Security #	
Responsible Party Address		City/State		Zip		Phone #	

INSURANCE INFORMATION – PLEASE PROVIDE INSURANCE CARD

Primary Insurance	Subscriber's Name/DOB	Policy/ID# and Group #
Secondary Insurance	Subscriber's Name/DOB	Policy/ID# and Group #

FINANCIAL RESPONSIBILITY and ASSIGNMENT OF INSURANCE BENEFITS:

I guarantee payment to Studio Pilates and Physical Therapy of all charges for services provided to the patient. I understand I am personally responsible for all charges not covered by insurance. I authorize payment of medical benefits, which would otherwise be payable to me to Studio Pilates and Physical Therapy for services rendered.

Late Cancellation/No Show Policy: In order to allow clients at Studio Pilates & Physical Therapy to receive the individualized services that we are committed to providing, we request a **24 hour notice of cancellation** prior to the time of your appointment. If proper notice is not given or if you do not show for your set appointment, a fee of \$75 will be invoiced to you directly.

CONSENT FOR HEALTHCARE AND RELEASE OF MEDICAL INFORMATION:

I voluntarily consent to healthcare treatment ("Treatment") from the therapist's and staff at this office. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of treatments or examinations by my caregivers. I consent to the use and disclosure of protected health information about me for the treatment, payments and healthcare operations. I have read this form. I have had the opportunity to ask questions and my questions have been answered.

Signature of Patient or Authorized Person: _____ Date: _____