

PHYSICAL THERAPY INSURANCE WAIVERS

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Part I: Consent and Care for Treatment

I hereby give consent to Core1inc. Core1Rehab - Athlete's Only PT professionals to provide me Physical Therapy services as medically necessary and appropriate for my condition. By initialing below, I acknowledge that I trust the professional judgment of the medical professionals at Core1inc. Core1Rehab - Athlete's Only PT. I also realize that I have the right to ask questions regarding my care.

Initial here:

Consent to Treat a Minor (if patient is under 18 years of age, if not please mark NA for initials)

I hereby give consent to Core1inc. Core1Rehab - Athlete's Only PT and its professionals to provide Physical Therapy services which are medically necessary and appropriate for my daughter / son / foster child / step-child.

Initial here:

Part III: Responsibility of Payment

A. Assignment of Benefits: I hereby assign and authorize my insurance company due payment to Core1inc. Core1Rehab - Athlete's Only PT. If in the event the above stated insurance company directly makes payment to me for services rendered at Core1inc. Core1Rehab - Athlete's Only PT. I will redirect the exact amount of payment to Core1inc. Core1Rehab - Athlete's Only PT. I also agree to pay my balance of professional service charges over/above insurance payment as my patient share liability.

Initial here:

B. Insurance Verification: I understand Core1inc. Core1Rehab - Athlete's Only PT, as a courtesy, has verified my insurance benefits and they have been explained to me. I agree that I am responsible to verify my coverage/policy and am fully responsible of the balance for services rendered at Core1inc.

Initial here:

C. Release of Medical Records:

I understand and give Core1inc. Core1Rehab - Athlete's Only PT, permission to release medical records not only necessary for insurance reimbursement but, also, to provide communication with the referring physician.

Initial here:

☐ I agree to these terms.

Name of Responsible Party: (Insurance Company) *

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
☐ I agree to use electronic records and signatures