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frontdesk@greenmtrehab.com

Andy Bowen, MSPT
Eric Elsinger, MSPT
Christine Hagan, DPT
Harrison Sullivan, DPT
Ria Conrad, DPT

Please initial each section below:

____**Consent For Treatment:** I hereby voluntarily consent to evaluation of and treatment for my condition by the therapists of Green Mountain Rehab & Sports Medicine. I understand that the information collected during my evaluation and treatment may be helpful to others with my condition and I, hereby, consent to have that information gathered, studied and reported for research purposes in a manner that will not divulge my identity.

____**Release and Assignment of Benefits:** I authorize the release of my medical records to process the claim or assist in my medical care. I also authorize Green Mountain Rehab & Sports Medicine to submit insurance carrier claim forms on my behalf without further signature authorization. This also authorizes Green Mountain Rehab & Sports Medicine to receive payment directly from the insurance carrier.

____**Disclosure:** We must emphasize that, as healthcare providers, our relationship is with you, not the insurance company, your employer, or attorney. As a courtesy to our patients, we will bill your insurance company for you and allow them thirty days to process our claim. We ask that you assist us by working with your insurance company to have our bill processed. In cases of Workers' Compensation or Auto Accident, should your benefits exhaust or become denied, your private health insurance will be billed. You will be expected to pay all applicable co-pays, co-insurances, and deductibles. A statement will be sent to you for full payment, since you are the ultimate responsible party.

____**Financial Policy:** If we are not provided with your insurance information or notified of any changes, we cannot guarantee insurance payment. If your claim is denied because we were not notified of insurance information at the time of your visit, you will be financially responsible for all charges. I acknowledge that I am aware of this financial policy and my responsibility to provide Green Mountain Rehab with the appropriate insurance information before my visit.

I understand and agree to the above consent for treatment, release and assignment of benefits, disclosure, and financial policies as they pertain to me.

________________________________ ________________________________

Patient/Guardian Signature **Date**

Acknowledgement of Privacy Practice

I acknowledge that I have been presented with a copy of the Notice of Privacy Practices to read and review, and have been given the opportunity to receive a copy of the notice.

________________________________ ________________________________

Patient/Guardian Signature **Date**