



Insurance – Financial Responsibility – Authorization to Release Confidential Information – Consent of treatment

- 1) I give consent for physical therapy evaluation and treatment to be administered by Care360 Corp. physical therapy and massage, Miami, FL.
- 2) I authorize my medical records to be released to my referring physician and insurance carrier.
- 3) WORKER'S COMPENSATION ONLY: I authorize the release of my medical records to claim adjusters, case managers and employers.
- 4) I agree to take responsibility for payment of services rendered that are deemed patient responsibility by my insurance plan or self-pay costs. My treatment will be billed to my insurance company if I have chosen this option, and I will be responsible for my deductible, co-payments and co-insurance costs. I will be charged the usual and customary charge based on the fee schedule for rehabilitation that my insurance carrier has developed or allowed. If my insurance carrier denies payment for my services due to my own insurance eligibility and benefits or refuses to provide payment within 45 days after the claim was submitted, I will be fully accountable for payment to Care360 Corp. physical therapy and massage, Miami, FL.
- 5) I authorize my insurance carrier to directly pay Care360 Corp. for my services appropriately rendered and billed for.
- 6) I recognize that it is my responsibility to remit checks issued directly to me from my insurance carrier to Care360 Corp. if my insurance carrier issues payment to me for services rendered and I have a remaining balance with Care360 Corp.

I acknowledge that Care360 Corp. may contact me at any email addresses or any telephone number associated with my account in order to service its account or to collect any amounts owe.

I have read this disclosure and agree to terms.

Patient Signature

/ /
Date