



PROGRESS PHYSICAL THERAPY

FINANCIAL RESPONSIBILITY

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO PROGRESS PHYSICAL THERAPY, FOR PROFESSIONAL SERVICES RENDERED.

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES FOR TREATMENT RENDERED AT PROGRESS PHYSICAL THERAPY.

I AGREE TO SURRENDER ANY AND ALL PAYMENTS MADE TO ME PERSONALLY BY THE INSURANCE CARRIER FOR SERVICES PROVIDED TO PROGRESS PHYSICAL THERAPY.

PATIENT SIGNATURE: _____

DATE: _____