

Consent Form for Physical Therapy Services

What to Expect During Your Visit:

- At your first visit, we will check your problem. Then I will explain what I can do to help you and what you need to do on your own. This is called your "treatment plan."
- If you think you will have a hard time doing something in the plan, please let me know. You have a right to help decide what your plan will be. We can help you make it work for you.
- The best way to get better is to follow your treatment plan. Attending visits and doing your therapy at home are both very important.

What to Expect Next:

- We will determine together how many visits will be most beneficial to your wellness and personal goals.
- Payments can be made at the time of service or ahead of time if a package deal is purchased (cash preferred, though check, Venmo, or PayPal will also be accepted).
- Get Mobile Physical Therapy, LLC is a non-opt-out/non-enrolled Medicare provider and is not required to submit claims to Medicare for covered services. This is ONLY the case if the beneficiary or the beneficiary's legal representative refuses, of his/her own free will, to authorize the submission of a bill to Medicare. As a Medicare beneficiary (if you are covered by Medicare), I _______ (please print name) refuse authorization to submit a bill to Medicare.

Please sign below if you agree to the statements above:	
Signature:	Date: