

IRON HORSE PT AND PERFORMANCE

Consent Form

I voluntarily give my permission to IRON HORSE PT AND PERFORMANCE to provide therapy service and treatment to me. I understand that by signing below, I am authorizing them to treat me for as long as I seek care from IRON HORSE PT AND PERFORMANCE, or until I withdraw my consent in writing.

Signature

Date

Payment Policy

I have reviewed the clinic fees and understand that I am responsible for payment at the time of service. I understand I am responsible for contacting my insurance company in advance regarding OON benefits, pre-authorization, referrals, and claims. I understand I cannot submit for reimbursement to Medicare.

Signature of Patient or Personal Representative/
Legal Guardian

Date

Name Printed

Relationship to Patient, if applicable

Cancellation Policy

I have read and understand this cancellation policy.

Signature of Patient or Personal Representative/
Legal Guardian

Date

Name Printed

Relationship to Patient, if applicable