

## Patterson Physical Therapy Registration Form

Referral for physical therapy must be submitted at the time of first appointment and must be written within the last 30 days. \_\_\_\_\_ (initial)

I authorize the treatment of my medical condition by Michael W. Patterson, Elizabeth Patterson, Lynn Kitzmiller . with physical therapy modalities and techniques as indicated by the evaluation of my condition. I authorize Patterson Physical Therapy to apply for benefits on my behalf, for services rendered by Patterson Physical Therapy, and I request payment for those services be made directly to Patterson Physical Therapy.

I certify that the information I have reported above is correct. I understand that nothing herein relieves me of the primary responsibility and obligation to pay for services provided. I understand that I am personally responsible to pay all charges for services rendered to me and to make payment when due. \_\_\_\_\_ (initial)

I give Patterson Physical Therapy permission to:

Speak with \_\_\_\_\_,

Leave messages on answering machine, send emails. \_\_\_\_\_ (Initial)

At the discretion of Patterson Physical Therapy, missed or cancelled appointments without 24 hours notification will result in a \$40.00 charge.

Patient Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_