Royal Crown Healthcare Provider Inc.
COMPETENT & COMPASSIONATE HEALING

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A1 Physical Therapy Clinic of Irving at Las Colinas

INFORMED CONSENT FOR TREATMENT

COMPLETE IF OVER THE AGE OF 18 YEARS OF AGE:

I_____ consent to physical therapy treatment as prescribed by my provider at A1 Physical Therapy Clinic of Irving at Las Colinas. I certify that I am over 18 years old and have no disability or prohibition that would any way prevent or affect the validity of my consent.

COMPLETE IF THE CLIENT IS A MINOR OR WHEN THE ADULT CLIENT IS NOT COMPETENT:

In the treatment of _____ (MINOR/ADULT CLIENT), I _____, client representative, of said minor/adult consent to physical therapy treatment as prescribed by minor's/adult's provider A1 Physical Therapy Clinic of Irving at Las Colinas. My relationship to the client is (i.e. parent, son, daughter, etc.) _____.

I certify that the information I have provided is complete and true to the best of my knowledge. I give my authorization for treatment records to be released to the responsible payer for reimbursement consideration, or medical facility necessary for treatment or further care. Additionally, I request that any medical records necessary for treatment or further care be forwarded to this facility upon its request.

I understand that I am financially responsible for all charges whether or not paid for by said insurance (i.e. deductible amounts, co-insurance, co-pay, or any other balance not paid by my insurance). If this account is assigned to an attorney for collection and/or suit, the facility shall be entitled to reasonable attorney's fees and costs of collection.

I understand the procedures of physical therapy evaluation and treatment. All risks and benefits of treatment and options have been explained to me. I authorize A1 Physical Therapy Clinic of Irving at Las Colinas and its employees to conduct my physical therapy services.

I have read the consent and I understand it. Any questions that have arisen or occurred to me have been answered to my satisfaction.

_____ _____

Client or Client Representative Signature Date

_____ _____

Witness Date