



PATIENT RESPONSIBILITY AND CONSENT

Welcome to Northwest return to Work and Evaluation Services. Thank you for choosing this facility for your rehabilitation. We look forward to serving you with the highest quality of care available. Please take this time to read the following information

Arrival: Please arrive on time for all appointment. If you are going to be late please call us.

Schedule: Please schedule your next appointment before you leave.

Payment: If treatments, certain procedures that are part of your treatment, or supplies are not covered by your insurance, or your coverage requires co-payment for services, payment is expected at the end of each treatment session. In addition, if your insurance company does not provide payment within 90 days of the date of service, and a reasonable attempt has been made by our staff to collect payment from them, then you will be billed for the services. Other payment agreements may be considered upon prior approval.

Cancellation: If you are unable to attend a treatment session, please notify us at least twenty four hours prior to your appointment time.

Compliance: If you do not show for an appointment and do not call before the appointment to cancel or reschedule, it will be considered a no show. We reserve the right to charge you a \$25 no show fee. We further reserve the right to discontinue your therapy if you have two no shows or three cancellations in two weeks. Please note that workers compensation laws require us to inform the employer and the carrier of any non-compliance issues. Special circumstances will always be taken into consideration, but we emphasize that attendance is important to your recovery.

Patient Participation: It is our responsibility to give you excellent care, and to educate you concerning proper exercise and health principles. It is our hope to inspire you to take responsibility for your own health and well-being. Your responsibility is to comply with the programs provided by your therapist in both the clinic and at home.

Authorization for Treatment, Assignment of Insurance Benefits, Release of Records and Consent for First Aid / CPR / AED:

I consent to the treatment, which my therapist deems necessary. I authorize the release/transfer of all records regarding treatment to all agencies concerned in this case. I hereby guarantee payment of all charges incurred for my course of treatment. I understand that no guarantee has been made. I authorize insurance benefits to be paid directly to Northwest Return to Work. I authorize the release/transfer of all records regarding treatment to all agencies concerned in this case. In the event of an emergency I am aware that First Aid, CPR and the use of an Automated Electronic Defibrillator (AED) are available to assist me. If I would prefer to discuss other arrangements I will indicate by checking the "Discuss Other Emergency Options" line below.

Discuss Other Emergency Options

Patient/Guardian Signature

Date