



ascension
PHYSICAL THERAPY

6200 Lake Otis Parkway Ste 104 • Anchorage, AK 99507 • P 907-770-6693 • F 907-770-6697

CONSENT FOR TREATMENT

I hereby authorize Ascension Physical Therapy and/or staff to render whatever services are deemed necessary for my care or the care of my family.

Signature: _____ Date: _____

MEDICAL RELEASE & PAYMENT AUTHORIZATION

I hereby authorize Ascension Physical Therapy to release to my insurance carrier(s), any information necessary to process my medical claims. By signing this form, I am also authorizing my insurance carrier(s) to make payment directly to Ascension Physical Therapy.

Signature: _____ Date: _____

FINANCIAL AGREEMENT

I understand that if I wish for my insurance to be billed, I must provide complete and accurate information to Ascension Physical Therapy. I further understand that I am responsible for all fees incurred regardless of insurance coverage and that my insurance is being billed as a courtesy.

Signature: _____ Date: _____

CLINIC ETIQUETTE

- In order to provide the best care possible, we ask that you arrive for your scheduled appointment on time.
- We understand that on occasion, you may need to cancel your appointment with short notice due to unforeseen circumstances such as illness or emergency. However, we request a 12 hour cancellation notification, if possible, if you are unable to attend your scheduled appointment so we may offer your appointment time to another patient. After excessive cancellations and/or no shows, we reserve the right to discharge you from our clinic.
- As a courtesy to others, please turn your cell phone off while in the clinic.
- We are a drug, alcohol, and tobacco free facility. Please refrain from using any of these items while in the building.

Signature: _____ Date: _____