



ABILITY PHYSICAL THERAPY, LLC

PATIENT ACKNOWLEDGEMENT FORM

HERE AT ABILITY PHYSICAL THERAPY WE TAKE GREAT PRIDE IN ASSISTING OUR PATIENT'S WITH THEIR CLAIMS. IT IS A COURTESY FOR US TO BILL YOUR INSURANCE COMPANY. WE TAKE ALL POSSIBLE MEASURES TO TRY AND GET THE INSURANCE COMPANIES TO PAY ON OUR CLAIMS. WE DO VERIFY THE BENEFITS FOR OUR PATIENTS AND WE ARE ONLY AS GOOD AS WHAT WE ARE TOLD BY THE INSURANCE COMPANIES.

IF A CIRCUMSTANCE ARRIVES AND THE INSURANCE WILL NOT PAY WE MAY NEED YOU AS THE PATIENT AND THE INSURED TO ASSIST ABILITY IN GETTING CLAIMS PROCESSED. IF WE ARE UNABLE TO GET THE CLAIMS PAID WITH IN A TIMELY MATTER, IT THEN BECOMES PATIENT RESPONSIBILTY TO PAY FOR SERVICES RENDERED.

PATIENT SIGNATURE _____

DATE: _____