



## CONSENT AND FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Optimal Home Rehab as your rehab, health and wellness provider. By signing this form, you are giving consent for Optimal Home Rehab to provide the desired services as requested by either yourself or your family member(s).

### Release of Information

I hereby authorize the release of any information by telephone or in writing, including reports of diagnosis, treatment prognosis, recommendation, benefits payable, as well as any other data pertinent to my treatment, by **Optimal Home Rehab LLC** to the physician who referred me for therapy as well as any organization responsible for payment of my account. I also authorize the release of any information by telephone or in writing for utilization and quality review purposes.

### Consent for Treatment

I hereby consent to such treatment procedures and patient care which, in the judgment of my therapist and/or physician, may be considered necessary or advisable while I am a patient of **Optimal Home Rehab LLC**. I understand that **Optimal Home Rehab** is fully licensed and its providing therapists are highly trained and skilled.

### Responsibility for Payment

I acknowledge that in consideration of the services provided to me by **Optimal Home Rehab LLC**, I am financially responsible for payment of my bill. It is requested that payment be made in full at time of service. For alternative payment arrangements, please contact the Business Office at 267.225.7775. **Optimal Home Rehab LLC** charges \$115 for evaluations and \$110.00 for routine visits. I acknowledge that sessions can last anywhere from 45 mins to 60 mins based on the judgement of the therapist. We accept card, cash or checks made payable to **Optimal Home Rehab LLC**. **Optimal Home Rehab LLC**. We are also happy to provide you with an electronic invoice/statement for payment.

All balances that reach 90 days past due may be sent to a collection agency.

### Acknowledgement of receipt:

By signing this form, I acknowledge receipt of and agreement to **Optimal Home Rehab LLC's** fee structure. I understand Optimal Home Rehab LLC will not submit insurance claims to Medicare or commercial insurance plans and patient is responsible for 100% of services. If I have any questions regarding the Financial Agreement above, I will ask my treating rehab therapist. My signature below indicates that I have read, understand and agree to the above financial agreement. I acknowledge receipt of and agreement to the fee structure as stated herein. I acknowledge this written agreement constitutes the entire fee agreement between Optimal Home Rehab, LLC and the undersigned and that no modifications to this agreement can be made orally. A photocopy of this agreement is considered as valid as the original.

Thank you for choosing Optimal Home Rehab to assist you in your therapy and wellness needs. We look forward to being your personal therapist of choice.

By signature of this Financial Responsibility, I \_\_\_\_\_, acknowledge my consent to the above services and that no claims for insurance payment will be filed by Optimal Home Rehab on my behalf.

Print Name: \_\_\_\_\_

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

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

Client, Patient or Legal Guardian: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_