

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give consent for Elite Performance Physical Therapy, P.C. to furnish medical care and treatment necessary and proper in diagnosing or treating his/her physical condition.

Signature of Patient/Guardian

Date

BENEFIT ASSIGNMENT / RELEASE OF INFORMATION

I, hereby assign medical benefits to which I am entitled, including Medicare, private insurance and third party payers to Elite Performance Physical Therapy, P.C. A photocopy of this assignment is information necessary including Medical records to secure payment.

Signature of Patient/Guardian

Date

AUTHORIZATION TO OBTAIN OR RELEASE OF MEDICAL RECORDS FROM MEDICAL PROVIDERS

I, hereby authorize Elite Performance Physical Therapy, P.C. to obtain any and all medical records concerning my care from any physician, hospital or healthcare professional providing care to myself / and or child at anytime.

Signature of Patient/Guardian

Date