



RELEASE OF LIABILITY

Name _____ Date of Birth _____

I, _____, give permission for Total Care Physical Therapy to provide evaluation,
(initial here)
treatment, and consultative services that are deemed necessary by the treating therapist and retain the authority
to terminate this consent at any time and discontinue physical therapy.

I, _____, give permission for Total Care Physical Therapy to exchange information with
(initial here)
physicians, insurance providers, or other persons deemed necessary by the therapist.

I, _____, understand that by signing this liability form I release Total Care Physical Therapy
(initial here)
and employees from any liability of any personal injuries that may occur on the premises.

I, _____, also understand that fees for services provided are due at the time of treatment
(initial here)
unless my insurance will be billed for above-mentioned services.

Print Name

Patient/Legal guardian Signature

Date



Patient Information

Date _____ Account # _____

PATIENT INFORMATION:

Name _____ Soc Sec No. _____

Address _____ Age _____ Date of Birth _____

City _____ Zip _____ Ph _____ Cell _____

Employer _____ Wk Phone _____ Sex: M F

Email: _____

INJURY/ILLNESS INFORMATION:

Physician: _____ Phone _____

Address: _____ City _____ Zip _____

Type of injury: Work _____ Auto Accident _____ Other (specify) _____

Date of Injury _____ Diagnosis _____ Body Area _____

Current medications _____ Have you been treated by us before? _____

INSURANCE INFORMATION: PLEASE PROVIDE US WITH YOUR INSURANCE INFORMATION. FOR **WORK** INJURIES PLEASE PROVIDE YOUR EMPLOYER'S COMPENSATION INSURANCE CARRIER INFORMATION. FOR AN **AUTO** ACCIDENT THAT WAS NOT WORK RELATED, PLEASE PROVIDE **YOUR** AUTO INSURANCE. OTHER TYPES OF ACCIDENTS, PROVIDE YOUR **HEALTH** INSURANCE INFORMATION.

Insurance Type: Work Comp _____; Auto, (provide 3rd party info also) _____; Private Health Insurance _____

Co. Name _____ Phone _____

Address _____

Subscriber (if different than patient) _____ SS# _____ DOB _____

Adjuster _____ Phone _____ Group/Claim # _____

NAME AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU:
_____ Phone _____

Information and Assignment of Benefits:
I HEREBY AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO TOTAL CARE PHYSICAL THERAPY FOR SERVICES RENDERED. I FURTHER AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS ANY INSURANCE CLAIM ON MY BEHALF. I PERMIT A COPY OF THIS AUTHORIZATION TO BE AS VALID AS THE ORIGINAL. WHERE APPLICABLE, I AUTHORIZE FILING A LIEN AGAINST ANY AND ALL THIRD PARTY LIABILITY RELATING TO THE NEED FOR TREATMENT, INCLUDING WORKER'S COMPENSATION CASES. **I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES** AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE ABOVE TERMS. I AUTHORIZE Total care Physical Therapy TO ASSIGN THEIR RIGHTS UNDER THIS CONTRACT TO A THIRD PARTY (MEDICARE PATIENTS EXCLUDED).

Patient's Signature _____ Date _____

TOTAL CARE PHYSICAL THERAPY
PARENT PERMISSION AND RELEASE OF LIABILITY

Name _____ Date of Birth _____

Parental Consent:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby consent
(Child's Name)

to said Minor receiving Physical Therapy conducted by: MyungJin Kim .

Further, I give my permission to Total Care Physical Therapy to exchange information with physicians,
insurance providers, or other persons deemed necessary by the therapist about

(Child's Name)

I, _____, give permission for Total Care Physical Therapy to provide evaluation,
(initial here)

treatment, and consultative services that are deemed necessary by the treating therapist and retain the authority
to terminate this consent at any time and discontinue physical therapy.

I, _____, understand that by signing this liability form I release Total Care Physical Therapy
(initial here)

and employees from any liability of any personal injuries that may occur on the premises.

I, _____, also understand that fees for services provided are due at the time of treatment
(initial here)

unless my insurance will be billed for above-mentioned services.

Parent/Legal guardian Print Name

Parent/Legal guardian Signature

Date