



**One-on-One Care  
That Gets Results**

**Intending to be legally bound, I hereby agree as follows:**

**Appointment Cancellation/ No Show Policy:** I hereby acknowledge that all appointments with Atlas Physical Therapy, P.C. have been made at the direction of my physician and that I am responsible to Atlas Physical Therapy for a service fee of \$50.00 for each appointment cancelled with less than twenty-four (24) hours' notice.

**Representation That Insurance Premiums Have Been Paid:** I hereby warrant all insurance policies under which payment to Atlas Physical Therapy may be made are current and will be kept current during my treatment.

**Acknowledgement of Liability:** I understand and hereby agree that my obligation to pay Atlas Physical Therapy is not contingent on payment of any insurance, settlement, judgement, verdict, award, or any other payment to which I am now, or may be, entitled and that I am personally responsible for the full amount of all services rendered by Atlas Physical Therapy.

**Authorization to Release Information to Medical Providers and Insurance Carriers:** I authorize Atlas Physical Therapy to release, at any time, any and all information and records about the services provided to me to any medical provider who or which identifies him/itself as treating me, and/or to any insurance carrier, including without limitation its designated peer review agencies, agents, servants, employees and/or rehabilitation consultants.

**Authorization to Assign Medical Benefits and Make Direct Payments to Atlas:** I hereby authorize and direct my attorney and all insurance carriers which are or may be obligated to make payment of any benefits to me or on my behalf to make direct payments to Atlas Physical Therapy of all invoices from Atlas Physical Therapy. I further direct my attorney and all such insurance proceeds, settlement, judgement, verdict, award, or any other payment due to me or received on my behalf in order to discharge my obligation to Atlas Physical Therapy in full.

**Atlas Reliance:** I understand that Atlas Physical Therapy agrees to provide its services, without demanding immediate payment in full, in express reliance upon this agreement, your representations and your warranty that there is insurance, or other funds, available, or your agreement to pay Atlas Physical Therapy directly. The provision of therapy services without demanding immediate payment in full shall be sufficient consideration for this agreement. This agreement is not intended to replace or in any way change your responsibility for the payment of your bills. Notwithstanding the foregoing, I agree that Atlas Physical Therapy may demand payment in full from me at any time hereafter.

**No Revocation or Amendment:** I hereby agree that the promises, representations, warranties, and authorizations made herein shall not be revoked or amended without the written consent of Atlas Physical Therapy.

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

Printed Name: \_\_\_\_\_