



Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for Hailey Sport & Spine Physical Therapy, PA to furnish medical care and treatment considered necessary and proper in diagnosing or treating this physical condition.

Patient/Guardian _____ Date ____/____/____

Promise to Pay

I hereby agree to pay the full requested balance to Hailey Sport & Spine Physical Therapy, PA. I understand that insurance filings are done as a courtesy and do in no way release me from being responsible for accrued charges. I agree to pay all deductibles, co-pays, co-insurances, non-covered services, any and all claims that are denied for medical necessity or any other reason. I agree that I will pay the 18% interest that will begin to accrue after 60 days of said responsibility. I understand that the option exists of forming a payment plan with the billing staff of **Entrada**. I am aware that my account may be turned over to a third party collection service if these terms are not kept, which may result in damaged credit, court costs, attorneys fees or garnished wages. I agree to pay the \$20 collection filing fee if it is that my account is turned over to a third party collection service.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS IN THE ABOVE SAID POLICY

Patient/Guardian _____ Date: ____/____/____

Failure to cancel a scheduled appointment at least 2 hours in advance of your appointment will result in a \$50.00 "No Show" fee.

Patient/Guardian _____ Date: ____/____/____