

Transform Physical Therapy, LLC

**Patient Authorization Record**

Initial here

	<p><u>Authorization for Treatment</u></p> <ul style="list-style-type: none"><li>➤ I hereby give authorization for the performance of such rehabilitation procedures as permitted by Alaska Statutes under the appropriate scope of practice are, in the judgment of my Therapist, deemed necessary.</li></ul>
	<p><u>Authorization for Release of Information</u></p> <ul style="list-style-type: none"><li>➤ I agree that Transform Physical Therapy, LLC (TPT) may provide information from my medical record to persons involved in my medical care.</li><li>➤ I authorize the release of medical information necessary to obtain payment of any benefits available to me to TPT for services rendered.</li><li>➤ I agree that TPT may obtain information from others who have provided medical care to me and/or are responsible for the payment of all or part of my bills when this information is needed in order to treat, bill, and/or receive payment.</li><li>➤ I have read "Notice of Privacy Practices" mandated by HIPAA.</li></ul>
	<p><u>Authorization for Release of Payment</u></p> <ul style="list-style-type: none"><li>➤ I authorize that direct payment of any benefits available to me be released to TPT for services rendered.</li></ul>
	<p><u>Patient Agreement</u></p> <ul style="list-style-type: none"><li>➤ I agree to pay TPT charges for services rendered to me during my course of treatment.</li><li>➤ I agree to pay those charges which may not be paid by my health insurance and are my responsibility per my insurance benefit. If I do not pay for charges that are my responsibility, I agree to pay TPT collections costs including attorney and court fees.</li></ul>
	<p><u>Medicare, Medicaid, and Similar Benefits</u></p> <ul style="list-style-type: none"><li>➤ I understand that TPT is not a Medicare nor Medicare Beneficiary. TPT is a non participating Tricare Provider.</li></ul>
	<p><u>Workers Compensation</u> I agree that the information given to TPT in applying for benefits under Workers Compensation is complete and accurate. I agree that TPT may give intermediary's information necessary to process claims.</p>

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Patient signature Date

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Printed patient name Date

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Signature of Legal Representative/POA