SPINE & SPORT
PHYSICAL THERAPY

Jody B. Rawlings PT, DPT
217 N. 2nd E.
Rexburg, ID 83440
phone (208) 359-6127
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Patient Name:_____ **Patient Guardian:**_____

Notice of Privacy Rights
I acknowledge that I have been presented with a copy of Spine & Sport's Notice of Privacy Rights.

Consent for Assessment & Treatment
I request the clinical staff of Spine & Sport to provide me with necessary medical assessment & treatment.

Assignment & Release
I hereby authorize my insurance benefits to be paid directly to Spine & Sport, and I am financially responsible for non-covered services. I also authorize Spine & Sport to release any information required to process this claim.

_____ _____
Authorized Signature **Date**

Medicare Patient Signature Authorization
I request that payment of authorized Medicare benefits be made either to me or on my behalf to Spine & Sport for any services furnished to me by Spine & Sport. I give permission to the holder of medical information about me to release to the Health Care Financing Administration and its agents for any information needed to determine these benefits payable for related services.

_____ _____
Authorized Signature **Date**