



## **Consent for Care and Treatment**

I, (PRINT) \_\_\_\_\_, do hereby agree and give my consent for RECOOPERATION PHYSICAL THERAPY to furnish medical care and treatment which is necessary and proper for diagnosing and treating his/her physical and/or mental condition.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Benefit Assignment/Release of Information**

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance and third party payers to RECOOPERATION PHYSICAL THERAPY. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including Medical Records, to secure payment.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_