



Patient Consent to Treat

I, _____ consent and authorize Sozo Physical Therapy to provide physical therapy services as indicated that may be considered appropriate upon the professional judgment of my treating therapist, and/or my referring physician.

I also understand I have the right to ask, and have any questions answered prior to, during and after treatments, including risks, benefits, alternatives, and purpose of treatments.

Patient Signature

Date

Assignment and Release

I hereby authorize payment directly to Sozo Physical Therapy for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible

Date