







It is the policy of Tidewater Physical Therapy, Inc., to file insurance claims as a courtesy to the patient. The financial responsibility for services rendered rests solely with the patient/guarantor. The agreement of the insurance company to pay for medical care is a contract between the patient and the insurance company. **Verification of your insurance coverage is not a guarantee of benefits. Benefits will be determined by your insurance carrier at the time a claim is submitted and acknowledged. It is the patient/guarantors responsibility to pay for any non-covered services, deductibles, co-payments or any other balance not paid by the insurance company.** According to Virginia Code 6.1 - 330.77:1, a late charge of .33% per month (3.96% per annum) will be added to any account balance over 90 days past due.

**Assignment of Benefits**

I assign all benefits to Tidewater Physical Therapy, Inc., and I authorize the release of records to any agency involved in the payment of treatment for the patient named below. I understand in the event that collection is necessary, I am responsible for all collection fees and attorney fees if my account is referred to an attorney.

**Consent to Release Information**

I hereby authorize Tidewater Physical Therapy, Inc. permission to discuss my financial account with the following individuals other than myself:

_____	_____	_____	_____
Name	Relationship	Name	Relationship

**Patient and/or Guarantor's Signature** \_\_\_\_\_

(If patient is under 18 years of age, the signature of a parent or guardian is required.)

**Patient Name** (Please Print) \_\_\_\_\_

**Date** \_\_\_\_\_