

**Consent and Assignment Form
Fitness Matters, Inc.**

Name: _____ Start of Care Date: _____

Consent for Treatment and Patient Bill of Rights

On this date _____ I authorize Fitness Matters, Inc. to perform physical therapy examinations, tests, and/or treatments that it considers necessary for my care. I agree to work with Fitness Matters, Inc. to maximize my progress towards mutually established treatment goals.

Release of Information, Assignment of Benefits, and Financial Liability

I intend to be legally bound, authorizing Fitness Matters, Inc. and its representatives to share records and information with third parties participating in my rehab including any party which an insurance program or otherwise is paying for all or part of my rehab. I authorize Fitness Matters, Inc. to act on my behalf with any reasonable and necessary appeals in regards to services provided by Fitness Matters, Inc.

I authorize payment of medical benefits by any third party payer to be made directly to Fitness Matters, Inc. for any rehab services rendered to me. I, the patient, understand that I am financially responsible, as required by federal, state, and insurance company regulations, for any benefits not covered by a third party payer.

I warrant that I have read the Consent for Treatment above and have received a copy of the Patient Bill of Rights.

Signature: _____ Date: _____