



6801 Indiana Ave Lubbock, TX 79413 806.785.7900
Southwest Clinic 5244 114th St. Lubbock, TX 79424 806.705.8819

ADMISSIONS

RELEASE OF INFORMATION: You are authorized to release information concerning my treatment to my insurance company, attorney, or insurance adjuster, for purposes of processing my claim for benefits and payment of services rendered to me. In addition, you are authorized to discuss my care and/or my schedule with my referring physician and the following person(s):

Name: _____ Relationship _____

Name: _____ Relationship _____

ASSIGNMENT OF BENEFITS: I hereby assign all medical benefits to which I am entitled. I authorize and direct my insurance carrier(s) to issue payments directly to Fyzical Therapy & Balance Centers for medical services rendered to me. As the responsible party, I agree that all charges not directly paid by my insurance company in a timely manner will be my responsibility.

CONSENT FOR TREATMENT: With my signature, I consent to be evaluated and understand I will be informed of the treatment plan considered necessary for my condition. I give consent to and authorize the facility named above – and its employees – to provide outpatient services and administer physician orders for such treatment.

CELL PHONE POLICY: I understand that during my entire treatment session I will need to have my phone turned off to avoid unnecessary interruptions. If I feel my phone may be a temptation, I will leave it in my purse or car so I can focus on my treatment.

CONSENT TO RECEIVE EMAILS for Fyzical updates and newsletters via my email.

Please check one _____ consent _____ decline

CONSENT TO RECEIVE TEXT MESSAGES as a means of communication regarding appointments, weather concerns, or additional pertinent information.

Please check one _____ consent _____ decline

PRIVACY NOTICE ACKNOWLEDGEMENT: I acknowledge that I have received Fyzical Therapy & Balance Center's notice of privacy practices.

Print Patient Name _____ Patient Date of Birth _____

Signature _____ Date _____

*Signature parent/guardian is required for patients under the age of 18 years.