



Patient / Insured Release Agreement

I, the undersigned, have insurance coverage with _____ and assign directly to **Compass Physical Therapy, Inc.** all medical benefits, if any, otherwise payable to me for services rendered.

Signature of Insured / Guardian

Date

Patient / Responsible Party Financial Agreement

I understand that I am financially responsible for all charges whether or not paid by insurance. If my check should be returned due to insufficient funds, I am responsible for a returned check charge of \$20.00 plus the amount of the original check. Should collection proceedings become necessary, I agree to pay all costs of collection including a reasonable attorney's fee and waive all rights to claim personal exemption under Alabama State law. I hereby authorize **Compass Physical Therapy, Inc.** to release all information necessary to secure payment of benefits. I authorize this use of the signature on all my insurance submissions.

Signature of Insured / Guardian

Date

If patient is a minor, list guarantor/signee birth date: _____ SSN: _____

Notice of Privacy Practices Form Acknowledgement

I, the undersigned, have been given a copy of Compass Physical Therapy's *Notice of Privacy Practices Form* and understand my rights.

Signature

Date

Compass Physical Therapy Witness

Date