



BLUE VALLEY PHYSICAL THERAPY
& SPORTS MEDICINE, P.A.

Acupuncture/Oriental Medicine Consent to Treat

I, the undersigned, consent to treatment by the Oriental Medicine (OM) practitioner at Blue Valley Physical Therapy (BVPT). Such treatment may include acupuncture, herbal medicines, electro-stimulation of acupuncture points, and other modalities as commonly and collectively referred to under the name of Oriental Medicine (OM) or Traditional Chinese Medicine (TCM). I fully understand that there is no implied guarantee of success or effectiveness of a specific treatment or series of treatments. The number of treatments potentially needed for your individual condition, and how that will be determined, will be discussed at the initial visit.

I understand that if I am more than 15 minutes late for an appointment, I may be asked to reschedule my appointment. Further, if I fail to cancel an appointment with at least twenty-four hours notice, I understand that I may be charged for that appointment.

I understand and agree that health and accidental insurance policies are an arrangement between the insurance carrier and myself. I understand that BVPT can provide any necessary statement and treatment reports to assist me in collecting from the insurance company if payment is applicable to my situation. I hereby grant BVPT permission to release any of my records requested by my insurance carrier.

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. Payment is due at the time services are rendered. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

By signing below, I acknowledge that I can read and understand English, that I have read and understood the above conditions and policies and agree to the same.

Patient's Signature (or legal guardian)

Date