SW PHYSICAL THERAPY

503-597-1151
swphysicaltherapy.com
11910 SW Greenburg Rd
Tigard, OR 97223

Assignment of Benefits and Financial Responsibilities Waiver

I hereby authorize payment of medical benefits to Southwest Physical Therapy for services rendered. I understand that in accordance with my health insurance policy I may have a copay, co-insurance, or balance due that is my own responsibility to pay. I understand that my copay and co-insurance may be due at the time of service, and that Southwest Physical Therapy reserves the right to refuse further treatment until my prior balance due is satisfied. I further understand that the insurance rates and coverages quoted to me by either Southwest Physical Therapy or my insurance provider are not guarantees of payment and are subject to current plan provisions and eligibility at the time of services rendered.

I authorize Southwest Physical Therapy to automatically debit my card on file for any patient responsibility, including standard copays, remaining balance, payment plans, and no-show fees. If I do not have a card on file, or if the card is not accepted, I acknowledge that I may be called to collect the amount over the phone or sent a bill in the mail.

This signature acknowledges that I have read the above information and agree to it in its entirety:

Print Name _____ Date _____

Signature _____