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SIGNATURES

Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for Physical Edge, Inc to furnish medical treatment to _____, considered necessary & proper in assessing or treating my/his/her physical condition.
(Print Patient's Name)

Patient/Guardian: _____ Date: _____

Under 18 Years Old – Release

Your signature will allow your child to receive physical and/or occupational therapy by a therapist without his or her parent present. I hereby grant my child _____ to receive therapy without my presence.
(Print Patient's Name)

Patient/Guardian: _____ Date: _____

Benefit Assignment and Release of Information

I hereby authorize Physical Edge, Inc. to bill _____ for all therapy related services received at _____
Insurance Company
Physical Edge, Inc. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize Physical Edge, Inc. to release all information necessary, including medical records, to secure payment of all my claims. I understand that I am financially responsible for all charges, whether or not paid by insurance.

Patient/Guardian: _____ Date: _____

Acknowledgement of receipt of Notice of Privacy Practices

I, _____, have read, understood and received a copy of the Notice of Privacy Practices from _____
(Print patient's name)
Physical Edge.

Patient/Guardian: _____ Date: _____