



CONDITIONS OF TREATMENT/PAYMENT AGREEMENT

GENERAL TERMS

As a patient of Rebound Hawaii, you are responsible for payment of all services provided to you in accordance with my established charges, including General Excise Tax. The amount due is reflected on your account. You will be billed monthly and all amounts billed to you will be due and payable in full upon receipt of the invoice/statement. Arrangements can be made for monthly installment payments.

LIABILITY FOR COLLECTION AND RELATED COSTS

You are responsible for all related expenses incurred in the collection of delinquent amounts on your account. These may include, but are not limited to, attorney's fees and/or other costs which are considered necessary in order to collect the amount due.

ASSIGNMENT OF PROCEEDS FROM THIRD-PARTY LIABILITY CLAIMS

If you are involved in any claim or litigation involving third-party liability for injuries sustained in an accident, you will agree to assign to Rebound Hawaii all proceeds from no-fault insurance and/or other actions against the third-party until such time as the outstanding balance on your account has been paid in full.

WORK-RELATED INJURIES

If you are being treated for a work-related injury, you agree to assign the proceeds of any workers' compensation claims (designate for payment if medical costs incurred in the treatment of the injury) to Rebound Hawaii. Patients with work-related injuries are responsible for cooperating with Rebound Hawaii in the delivery of any documents necessary to validate the workers' compensation claim.

CONSENT FOR TREATMENT

I authorize the above-named physical therapist, practice to perform the treatment, in her opinion, are necessary and prescribed per evaluation performed. I have been informed of the reasons for the treatment, along with the expected benefits, risks, possible alternative methods of treatment, and possible consequences. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

RELEASE OF INFORMATION

I authorize Rebound Hawaii to release any medical or other information necessary to process all insurance claims. I also request assignment of government benefits to Rebound Hawaii.

ASSIGNMENT OF INSURANCE BENEFITS

I understand it is my responsibility to fulfill the specific requirements of my medical insurance carrier(s) to ensure coverage for all eligible services. I authorize Rebound Hawaii and/or business associates, to: 1) submit claims directly to my insurance carrier(s); 2) make direct billing inquiries to my insurance carrier(s); 3) accept payment of medical benefits.

ACKNOWLEDGEMENT

I have read and understand everything in this agreement. I intend and agree to be bound by all of the terms of this agreement.

X _____ X _____
Patient's Signature (or signature of Patient's Parent or Legal Guardian) Date

X _____
Print Name