

BODY-N-BALANCE

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Physical Therapy Services Agreement

Name: First Middle Last

Birthdate Age Social Security # Marital Status

Home Address

City State Zip Code

Home Phone # Cell Phone#

Email Address

Occupation Work Phone #

Employer Business Address

Emergency Contact:

Name Phone # Relationship

I agree to pay for all physical therapy services received by me from my physical therapist and to seek reimbursement directly from my insurance company in the event the services are covered by my insurance. B-N-B or the physical therapist providing my services does not bill my insurance company for me. All checks are to be made out to "Body-N-Balance, Inc.", yet I understand that my physical therapy services will be provided directly by the physical therapist who allows B-N-B to collect checks in exchange for use of the B-N-B facilities. I understand that only the physical therapist providing me services is responsible for such services as set forth in the Physical Therapy Services Informed Consent that I have read, understood and executed.

Refusal of Service. B-N-B may refuse to accept any customer for any reason to the maximum extent allowed by law. B-N-B may terminate any customer from further services for any reason at any time.

I have read and I understand the terms of this Agreement (including the documents referenced herein) and I have received, read and understood the following: Physical Therapy Services Price List; B-N-B Policies; Informed Consent for Physical Therapy Services and Physical Therapy Questionnaire.

Signature of Adult Patient/Parent/Legal Guardian Date