

Informed Consent

I give consent to PT Mama LLC to provide the desired physical therapy services with my child.

I have provided full disclosure of any and all relevant past medical history that may impact, influence or contraindicate the prescribed service provided by PT Mama LLC.

I understand that PT Mama LLC is fully licensed and is providing therapists that are highly trained and skilled. They will ensure that the service they provide is safe, appropriate, and beneficial to your child.

While PT Mama LLC fully intends to give services that offers no harm, I understand that there is ALWAYS THE POTENTIAL FOR AN UNFORESEEN ACCIDENT TO OCCUR. Should this be the case, I recognize that PT Mama LLC has taken every necessary precaution to protect me, and therefore, I DO NOT HOLD PT MAMA LLC liable for any unforeseen injury.

I understand that PT Mama LLC is a private pay company, and not contracted with any insurance companies, including Medicare. PT Mama LLC will not submit insurance claims for me. However, I understand that it is my right to submit invoices provided to me upon request to my insurance company. I also understand that it is my responsibility to know my insurance policy and their requirements for reimbursement. I understand that reimbursement from my insurance is not guaranteed.

PT Mama LLC ensures that information about my child and their condition and reason for receiving services will remain private and only disclosed upon my approval.

Signature

Printed Name

Date