



ON THE GO PHYSICAL THERAPY

49 ELMWOOD RD #588
SWAMPSCOTT, MA 01907

Informed Consent

I, _____ understand that I will be participating in private, one-on-one physical therapy, incorporating hands-on treatment, manual passive stretching, joint mobilization, kinesiotaping, cupping, dry needling, exercise, and other traditional conservative treatment techniques so that I can improve my strength, endurance, flexibility, balance, core strength, and overall health and wellness.

I understand that my physical therapist is licensed in the Commonwealth of Massachusetts and is educated and highly-trained in the areas above. On the Go Physical Therapy, LLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for.

By signing below, I am giving my consent to treatment ("informed consent"). And, I also consent for treatment to occur in my home, gym, workplace, hotel room, or other location previously agreed upon.

I have been instructed by my physical therapist to alert my therapist of any special needs, injuries, preferences, or considerations prior to starting the first visit evaluation and treatment, as these could affect my safety and security during the treatment process.

I understand that by signing below, I release this physical therapist of all liabilities for my health and safety during my participation in this treatment process.

I only provide this release with the understanding that my instructor is fully trained and upholds an active license to perform physical therapy in the Commonwealth of Massachusetts.

Payment Policy

Payment is due at the time of service. Payment, in the form of cash, check or credit card, is due at the time of each visit. On the Go Physical Therapy, LLC prioritizes relationships with patients' not insurance companies. We do not contract with any insurance companies. However, the payments you make may be reimbursable by your insurance company under your out-of-network physical therapy benefits; the exact percentage depends upon your plan. Due to the complex nature of insurance claims and reimbursement, On the Go Physical Therapy, LLC cannot guarantee as to whether you will receive reimbursement. We will provide you with the documentation necessary to submit reimbursement

Print Name: _____

Signature: _____

Date: _____

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<http://www.onthegophysicaltherapy.com>