



STEAMBOAT PHYSICAL THERAPY

Percival Creek Professional Plaza | 2102 Carriage Drive SW, Suite B, Olympia, WA 98502

Office 360.866.0408 | Fax 360.866.1165 | Clinic hours: Monday - Friday, 7:00 a.m. to 5:30 p.m.

ACKNOWLEDGEMENT AND AUTHORIZATION:

Please complete and bring to your first appointment

I have read and understand the Financial Policy. I authorize my insurance benefits to be paid directly to Steamboat Physical Therapy. I am financially responsible for any balance not covered by insurance. I authorize the release of any information needed in the processing of my claim.

Signature (parent or guardian if patient is a minor):

Date:

I have read and understand the Cancellation, No-Show, Short Notice and Illness Policy and understand that I will be responsible to pay a \$40.00 fee for no-show or short notice change of scheduled appointments and that the fee will be due at the time of my next appointment.

Signature (parent or guardian if patient is a minor):

Date:

I have read and understand the Steamboat Physical Therapy Privacy Practices.

Signature (parent or guardian if patient is a minor):

Date: