CORE REHAB SERVICES, INC
RESTORING HEALTH - MIND & BODY

Assignment of Insurance Benefits

I hereby assign directly to CORE Services, Inc. payment of the insurance benefits otherwise payable to me, including Medicare Benefits for any services furnished by CORE Services, Inc. to me or my dependent. I will turn over to CORE Services, Inc. any insurance benefits paid directly to me by my insurance carrier for services rendered by CORE Services, Inc. at my earliest possible convenience along with any Explanation of Benefits regarding those payments.

Authorization to Release Information

I authorize CORE Services, Inc. to release any information such as medical history and record of treatment that is necessary to process a claim with my insurance carrier or its agents, including Medicare. This authorization extends to the Missouri Patient Care Review Foundation and those agents selected by my insurance carrier who are responsible for reviewing the appropriateness and quality of care furnished my by CORE Services, Inc. This authorization also applies to physician services and other health care institutions including, but not limited to, other hospitals, home care agencies and long term care facilities whose services I may require upon discharge from CORE Services, Inc. I understand that I have a right to privacy regarding my medical record and understand that this facility will protect information gathered as part of my care and will obtain written consent from me prior to each non-routine use or disclosure of my medical information.

Consent for Treatment

I am voluntarily seeking services form CORE Services, Inc., knowing that I am suffering from a condition requiring rehabilitation care; I hereby voluntarily consent to such evaluation procedures and rehabilitation care by my therapists as may be deemed necessary for myself or in my capacity as guardian for the minor. I am aware that the practice of physical therapy, biofeedback, behavioral therapy and massage therapy are not exact sciences and I acknowledge that no guarantees have been made to me as to the result of evaluation and treatments.

Guarantee of Payment

I understand that as a courtesy, CORE Services, Inc. may contact my insurance carrier to verify my coverage for rehabilitation services. I understand that this does not guarantee coverage or payment on my account. As an additional courtesy, CORE Services, Inc. may submit claims for services rendered to my insurance carrier. I understand that consideration for payment is the sole discretion of my insurance carrier and cannot be mediated by CORE Services, Inc. This information IS NOT a guarantee of payment. I agree to pay $20 per visit (except Medicare & Medicaid) that will be applied toward my account balance. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES INCURRED DURING THE COURSE OF TREATMENT REGARDLESS OF MY INSURANCE COVERAGE AND/OR LIMITATIONS. I agree to pay for any additional fees that may be incurred in an effort to collect this account including collection and/or legal fees. I agree to pay 1.5% per month (18% annualized) for any balance on my account.

I understand that it is my responsibility to be on time for scheduled appointments and I agree to give 24 hours notice of cancellation. I agree to pay a $25.00 missed appointment fee if I miss without appropriate notification.

In consideration of the rendering of services to the patient, the undersigned guarantees to the payment of any amount due for services rendered by CORE Services, Inc. over and above the amount covered by insurance. The amount due for such services shall be standard charges made by CORE Services, Inc. for such services.

_____
Patient Date

_____
Responsible Party Date

_____
Witness Date