

## PHYSICAL THERAPY PATIENT WAIVER

Many Insurance Companies have limitations on the number of Therapy Treatments that a patient may have in a certain period of time.

These therapy treatments might include physical therapy, occupational therapy, and chiropractic treatments.

I have not had any type of therapy \_\_\_\_\_

If you have had ANY type of therapy treatments

How Many Visits \_\_\_\_\_

Where \_\_\_\_\_

When \_\_\_\_\_

I understand that if I have exceeded the number of treatments allowed by my Insurance Company, I will be responsible for payment of any bills denied by my Insurance Company.

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Witness \_\_\_\_\_