Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C.
125 E Lake Cook Rd, Suite 209
Buffalo Grove, IL 60089

Phone: (847) 520-3382 | **Fax:** (847) 520-3404 | **info@bgpt.net**

AGREEMENTS AND AUTHORIZATIONS

(I). AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION TO INSURANCE CARRIER:

I hereby authorize Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C. to release any information required in the processing of applications for financial coverage for services rendered. This authorization allows Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C. to release objective clinical information related to all of my diagnoses and treatment, which may be requested by my insurance carrier or its designated agent, for the purpose of enabling that insurance carrier to evaluate my claims or its liability under such policies, contracts or coordinating benefits pursuant to such policy or contract provisions.

(II). AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION TO HEALTHCARE PROVIDERS:

Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C. is a single private corporation. I authorize Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C. to share my medical information with my PCP (Primary Care Physician), as well as any referring, consulting, follow-up or treating physician or healthcare provider. This authorization includes any and all information related to my presenting condition, evaluation, diagnoses, and plan of care administered.

Please be advised the cost per therapy session can vary based on treatment type and duration.

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Witness Date Patient's Signature

_____ _____

Authorizing Signature if other than Patient Relationship