

# NOTICE

As of May 4, 2004 Ohio law allows an individual to see a physical therapist without first having been referred to physical therapy by a physician, surgeon, osteopath, chiropractor or dentist.

Your insurance company may choose to cover your care. However, Ohio law states that an insurance company will not be required to pay for physical therapy services unless the patient has been referred by their physician.

## **Payment for Services**

I understand that I may still submit any charges to my insurance carrier, but that there is no guarantee of coverage. I acknowledge that I have not been referred to physical therapy by a physician and I am personally responsible for payment for these services if my insurance company does not make payment.

Signature \_\_\_\_\_

## **Informing Your Physician**

Ohio law also requires that, ***upon consent***, your physician shall be notified of the physical therapy evaluation within five business days.

I do not consent to informing my physician.

Signature \_\_\_\_\_

I request that you notify my physician that I am receiving physical therapy services. My physician's name and address follows: (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_