



**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.

POLICY ACKNOWLEDGEMENT AND AUTHORIZATION

I have read and understand the **Steamboat Physical Therapy 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.

Patient Signature (Parent or guardian if patient is a minor)

Date

I have read the **Steamboat Physical Therapy Cancellation and No Show Policy** and understand that I will be responsible to pay a \$40.00 no-show/short notice cancellation fee due at the time of my next appointment.

Patient Signature (Parent or guardian if patient is a minor)

Date

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

Patient Signature (Parent or guardian if patient is a minor)

Date