

Glen Rock Physical Therapy and Sports Rehabilitation (GRPT) Patient Financial Responsibility Form

Initials I _____ have been made aware that Glen Rock Physical Therapy and Sports Rehabilitation is an **OUT-OF-NETWORK PROVIDER**

Initials I am financially responsible for \$_____ ***per visit*** for physical therapy services provided.

Initials I will receive an **Explanation of Benefits (EOB)** with or without **checks** from my insurance company for services provided.

Initials I must bring all **CHECKS and EOBs to GRPT.** I agree to endorse any checks received from my insurance company and turn them all over to GRPT as payment for services rendered. I understand that I will not receive an itemized invoice from GRPT but I can request copies of all insurance documents for services rendered.

Initials **GRPT** reserves the right to collect on balances due.

I agree to the terms outlined above.

Patient Signature

Witness/GRPT