

# GO SPORTS THERAPY

GO BREATHE. GO PLAY. GO LIVE.

1199 S Beltline Road, #140 ■ Coppell, TX 75019  
972.745.9060 ■ www.gosportstherapy.com



## **NO SHOW POLICY**

I understand that I will be charged a \$35.00 fee if I fail to keep an appointment without calling to cancel or reschedule 24 hours in advance, unless in case of emergency or illness; or if I need to be called because I have not shown up for my appointment time. This missed visit will be considered a “No Show” and the \$35.00 no show fee will be my responsibility. My insurance will not be billed.

## **SUPPLY CHARGE**

I understand that I will be charged a one-time \$10.00 Supply Charge to cover costs associated with treatment. The \$10.00 supply charge will be my responsibility. My insurance will not be billed.

## **AUTHORIZATION FOR MEDICAL INFORMATION RELEASE**

I authorize Goddard Orthopedic & Sports Therapy, Inc. to furnish my insurance company with medical information they may request regarding my condition or treatment. I also authorize Goddard Orthopedic & Sports Therapy to communicate with my referring healthcare provider regarding any medical information needed for treatment. Furthermore, I authorize my referring healthcare provider to release any diagnostic reports and/or surgery reports to Goddard Orthopedic & Sports Therapy, Inc.

## **PRIVACY NOTICE & PATIENT BILL OF RIGHTS**

I have read and understand Goddard Orthopedic & Sports Therapy, Inc. Privacy Notice and Patient Bill of Rights.

I certify that I am 18 years of age and/or the legal guardian/guarantor of the patient named below.

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

Date \_\_\_\_\_