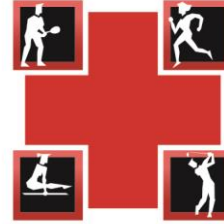


GO SPORTS THERAPY

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



Financial Agreement

I agree to pay for all services rendered. I agree to pay any and all amounts that my insurance company applies to any unmet deductible. If my insurance company requires a co-payment, I agree to pay it at the time of each appointment. If my insurance pays on a percentage basis, I agree to pay an average amount per visit based on what my percentage is. This is to be negotiated and agreed upon with the office manager.

I understand that I will be fully responsible for any services deemed as non-covered or denied by my insurance company. I agree to pay for any medical supplies that are not covered by my insurance, under my policy. I recognize and accept complete financial responsibility for any balance remaining after the payment of correct benefits by an insurance company.

If my insurance company is out-of-network with Goddard Orthopedic and there is a limit on the number of units per visit, I agree to pay the difference between what is paid by my insurance company and the services rendered by Goddard Orthopedic.

I assign insurance benefits for all services rendered by permitting payment directly to Goddard Orthopedic & Sports Therapy, Inc. for services rendered.

Payment can be made in the form of cash, check, and/or credit card (Visa, MasterCard or Discover). There will be a \$25.00 per check charge for all returned checks.

I certify that I am 18 years of age and/or the legal guardian/guarantor. I understand and accept full financial responsibility for the patient listed below.

Printed Name of Patient _____ **Date** _____

Signature of Patient and/or Legal Guardian _____