

PRESSLER
PHYSICAL THERAPY CLINIC
402 West Wheatland Road, Suite 100
Duncanville, TX 75116

Dale R. Pressler, P. T.
Susan S. Pressler, M.B.A., M.S., P.T.

Ph 972-709-9191
Fax 972-709-2116

RELEASE OF INFORMATION: I hereby authorize and direct Pressler Physical Therapy Clinic, having treated me, to release government agencies, insurance carriers, attorneys or others who are financially liable for my medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

ASSIGNMENT OF BENEFITS: I hereby assign, transfer and set over to Pressler Physical Therapy Clinic sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for medical care to cover the costs of care and treatment rendered to myself or my dependent in said office.

SURETY AGREEMENT: In accordance with the above terms and in consideration of the clinic agreement to render treatment and furnish supplies, the undersigned patient and/or undersigned surety do hereby agree upon demand to pay Pressler Physical Therapy Clinic/its agents or assign whatever sums of money that shall become due on the account of the patient, and that such liability shall be joint and several.

AUTHORIZATION: I hereby voluntarily consent to such care encompassing diagnosis, procedures and medical treatment by the physical therapist in charge of the case, their assistants and designer as necessary in their judgment, and employees and agents of Pressler Physical Therapy Clinic.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING, IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT TO EXECUTE THE ABOVE AND ACCEPTS ITS TERMS THEREOF, AND HAS RECEIVED THEREOF.

PATIENT (PARENT/GUARDIAN IF MINOR)

ACCOUNT NUMBER

DATE