



KEN-TON PHYSICAL THERAPY

PHONE (716) 873-9154 FAX (716) 875-3796

PATIENT RESPONSIBILITY FORM

- In the event your insurance carrier refuses payment for services, you will be billed for such services. Services must be deemed medically necessary to be reimbursed and within your contract.
- In the event that you do not provide us with your health insurance as back up to No Fault or Workers Compensation you will be billed for all services should the insurance carrier deny payment.
- In the event your insurance changes any time during the course of your treatment, you are responsible for informing us in a timely manner or you will be billed for any services not covered by your insurance.

I understand that I will be responsible for all unpaid services.

I accept that I can be discontinued after three no-shows or three cancellations.

I accept that I will pay a cancellation fee of \$50.00 should I give less than 24 hours notice of cancellation.

Signature (patient, parent, guardian)

Date