



Consent for Care and Treatment

I, the undersigned, do hereby agree and give my consent for CONEJO VALLEY PHYSICAL THERAPY to furnish medical care and treatment to _____

(Patients Name)

considered necessary and proper in diagnosing or treating his/her physical and mental condition.

Patient/Guardian _____ Date _____

Benefit Assignment/Release of Information

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance and third party payors to CONEJO VALLEY PHYSICAL THERAPY. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including Medical Records, to secure payment.

Patient/Guardian _____ Date _____