



**MANUAL  
THERAPY  
ASSOCIATES INC.**

**Practice Policies and Treatment Consent**

**Assignment of Benefits:**

I hereby authorize my insurance company to pay any and all medical benefits directly to Manual Therapy Associates, Inc., I am responsible to pay non-covered services. And I hereby authorize to issue any and all checks in Manual Therapy Associates, Inc. name. If my policy does not allow payment directly to the provider, I authorized payments to be issued with the payer being the above provider.

\_\_\_\_\_  
Initial

**Guarantee of Payment:**

I agree to pay Manual Therapy Associates for all charges NOT covered by my insurance or health plan. Co-payments are due at the time of service. In the event collection action is undertaken, all costs that go with collections, including lawyer fees, will be the responsibility of the patient and/or guardian. Payment plans may be established at the discretion of the owner with appropriate arrangements. **THERE WILL BE NO COURTESY DISCOUNTS GIVEN ON ANY AMOUNT THAT YOUR INSURANCE POLICY APPLIES TO YOUR COPAY OR DEDUCTIBLE.** If you fail to pay your first bill provided, there will be an additional \$10 assessed to each subsequent bill.

\_\_\_\_\_  
Initial

**Permission for Release of Records and Medical Information:**

I give permission for Manual Therapy Associates to give medical information and/or copies of any medical records to insurance companies, worker's compensation carriers, medical or utilization review organizations, health maintenance organizations, etc., for the purpose of processing all or any portion of charges made relating to the care I receive at Manual Therapy Associates. Please note that this is an authorization for release of records which apply directly to your treatment. There is a charge for medical records in accordance to the Colorado fee schedule to cover costs of processing your request.

\_\_\_\_\_  
Initial

**Appointments, No Show and Cancellation Policy:**

We require at least 24 hour notice for cancellation of appointments. We will not be able to see you if you are more than 10 minutes late for an appointment. We strive to be prompt and pride ourselves in quality of care. Shortened appointments may not allow us to fully address your needs. Please call as soon as you know that you will be late or miss an appointment. We are occasionally able to reschedule appointments later in the day to avoid a fee. This fee is set at **\$60.00** & is not covered by your insurance. It **MUST** be paid before any further treatment will be provided. If there are three no-show appointments, you may be discharged from care in order to make room for other's that are in need of care.

\_\_\_\_\_  
Initial

**Returned Check Fee:**

There will be a \$20 charge for all returned checks, in addition to any additional fees charged by our bank.

\_\_\_\_\_  
Initial

**Supplies:**

Most supplies are not a covered benefit under insurance policies. **(including dry needles, Theraband, & kinesiotape)** Payment for these supplies will be collected at the time the supplies are used or given to the patient.

\_\_\_\_\_  
Initial

I give Manual Therapy Associates permission to provide necessary testing and treatment according to my diagnosis. I agree that no guarantee or promise has been made as to the results of the services I receive. I certify that I have read and understand the information contained here. The information I have provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

# Manual Therapy Associates, Inc

*Advanced Hands-on Care For a Faster Recovery*

## ADDITIONAL CONSENT AND INFORMATION REGARDING DRY NEEDLING:

Dry needling (DN) is a form of therapy in which fine needles are inserted into tight muscles or bands, tendons, ligaments, or near nerves in order to stimulate a healing response in painful musculoskeletal conditions. This is not traditional Chinese Acupuncture. DN is a medical treatment that relies on a medical diagnosis in order to be effective. DN is often a valuable and effective treatment for musculoskeletal pain. Although complications are rare in occurrence, they do exist and must be considered prior to giving consent for treatment.

### Minor complications include:

- Focal bruising at the needle insertion site.
- Minor soreness in the immediate area afterward.
- A small amount of bleeding at the needle insertion site that stops on its own quickly.

### More serious complications, while very rare, are possible and include:

- Persistent bleeding at the needle insertion site.
- Infection
- Puncture of the lung (only if the needle is being used near lung tissue).

\_\_\_\_\_ I have a bleeding disorder that causes my blood to clot slowly or not at all.

Please specify: \_\_\_\_\_

\_\_\_\_\_ I have a history of a blood disorder that can be transmitted to another person.

Please specify: \_\_\_\_\_

SIGNING THIS FORM INDICATES THAT YOU HAVE READ AND THOROUGHLY UNDERSTAND THE INFORMATION PROVIDED.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date