



706 Bratley Drive • Washburn, WI 54891 • (715) 373-5621

ADMISSION AGREEMENT SIGNATURE PAGE

Resident Name: _____ Date of Admission: _____
Medical Record #: _____

CONSENT FOR REHABILITATION THERAPY TREATMENT

- I consent for this provider to render OT PT ST as Physician recommends.
- I consent to be treated in areas not totally separate from other persons.
- I am aware of the diagnosis/prognosis.

ASSIGNMENT OF BENEFITS

- I request and authorize my insurance company/Medicare/Medicaid/VA/Tribe to make payments of authorized benefits on my behalf to this provider. Copies of cards and all numbers are attached.
- I agree to pay for any deductible, coinsurance, unauthorized, non-covered, or unpaid services related to my treatment

NOTIFICATION AUTHORIZATION

I authorize staff to talk to the following person(s) regarding my condition and any changes:

1st Contact: _____ 2nd Contact: _____
Others: _____

For my financial affairs, staff may contact:

1st Contact: _____ 2nd Contact: _____

THE UNDERSIGNED HAS RECEIVED AND REVIEWED THE ADMISSION AGREEMENT, THERAPY CONSENT, ASSIGNMENT OF BENEFITS, PRIVACY PRACTICES AND UNDERSTANDS AND AGREES TO THESE TERMS ON THE DATE SHOWN BELOW:

Resident Name: _____ Date: _____
(Signature)

Responsible Party: _____ Relationship: _____
(Signature)

By: _____

(Northern Lights Health Care Representative)