



CONSENT FOR CARE AND TREATMENT

I the undersigned, having legal authority to do so, do hereby agree and give consent for Sandhills Rehabilitation & Wellness Center, Inc. to furnish medical care and treatment to as considered necessary and proper in diagnosing or treating my/hi/her condition. **Initials** _____

UNIFORM ASSIGNMENT AND RELEASE OF INFORMATION STATEMENTS

I hereby assign all medical benefits, including major medical benefits, Medicare, private insurance and any other health plans to which I am entitled to SRWC, Inc. A photocopy of this assignment is considered valid as the original. I hereby authorize the release of all information necessary, including Medical Records, to secure payment. **Initials** _____

FINANCIAL POLICY

Sandhills Rehabilitation & Wellness Center, Inc. bills your insurance carrier as a courtesy to you, although you are responsible for the entire bill when services are rendered. We require that arrangements for payment of your estimated of the bill be made today. This includes co-payments, co-insurance and deductibles if required by you health insurance carrier.

If payment is made directly to you for services billed by us, you agree to promptly remit the payment to Sandhills Rehabilitation & Wellness Center, Inc. **Initials** _____

SCHEDULING AND CANCELLATION POLICY

SRWC reserves the right to bill a **\$30** no show fee **if we are not notified** that you are unable to attend your scheduled appointment. If you cannot attend your scheduled appointment, we ask that you notify us **24 hours** prior to your appointment so we may accommodate other patients.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have been provided a copy of, or been offered the opportunity to receive SRWC, Inc. Notice of Privacy Practices. **Initials** _____

Patient's Signature _____ **Date** _____

Guardian/Responsible Party _____ **Date** _____