

CONSENT TO TREAT

By executing this consent to treat form, the undersigned hereby warrants and represents that he/she has agreed to participate in a Physical Therapy program under the supervision of Quality Performance Rehabilitation, Inc. herein known as QPRI. The undersigned further warrants and represents that the undersigned has been advised by a medical professional prior to undertaking this physical therapy program. The undersigned acknowledges that a physical therapy program may include such things as weight training, cardio vascular exercises, nutritional counseling, and any other element deemed appropriate under the professional guidance of QPRI. The undersigned acknowledges that a medical professional has determined it to be appropriate for the undersigned to engage in a physical therapy program proposed by QPRI. The undersigned hereby gives it permission to QPRI to run any physical therapy evaluation test that it desires, in order to test the undersigned's current fitness level. Such test may be used by the center for the purpose of creating an appropriate physical therapy program for the undersigned. Such tests are NOT medical tests and should not be deemed as such. If it is deemed appropriate, I give further consent to treatment (as outlined and described to me personally) of the proposed treatment.

ASSIGNMENT OF BENEFITS/POLICY RIGHTS

I, the undersigned patient hereby assign the rights and benefits of insurance of the applicable personal injury protection, medical payments, and/or other insurance to Quality Performance Rehabilitation, Inc. For services rendered to the undersigned patient and covered by Personal Injury Protection (PIP) coverage or other insurance in accordance with Florida Statute 627.735 (5).

The undersigned agrees to pay any applicable deductible _____ or co-payment _____ not covered by the PIP or other insurance coverage. I have read the information herein and is true to the best of my knowledge and belief.

This assignment include, but is not limited to all rights to collect benefits directly from the insurance company for services that I have received and all rights to proceed against the insurance company obligated to provide benefits in any action including legal suite if any reason the insurance company fails to make payments or benefits to which I am due. Specifically, this assignment includes the right to collect payment for the reasonable costs connected with the copying and mailing records to the insurer at the insures request and accordance with the Florida Statute 627.736 (6). This assignment also includes any right to recover attorney's fees and costs for such action he/she wishes and understand and agree that the attorney selected by them may be different than the attorney handling my personal injury/bodily injury claim or case. **If my insurance company makes payments to me, I agree to immediately remit these funds to Quality Performance Rehabilitation, Inc. to deposit check received on my account when made out to me.** As part of this assignment of rights and benefits, which only becomes binding upon the insurance carrier upon there receipt of said assignment after it having been executed and dates by the health care provider, I hereby instruct the insurance carrier that in the event the subject medical benefits are disputed for any reason including medical reasonableness and or necessity, that the amount of benefits claimed by Quality Performance Physical Therapy is to be set aside and not disbursed until the dispute is resolved. As part of this assignment of rights and benefits he/she it may exercise their legal rights. I understand that any person who knowing and with intent to injure defraud or deceive any insurance company files a statement containing false, incomplete or misleading information is guilty of a felon of the third degree. I have read the information herein and it is true to the best of my knowledge and belief.

I, the undersigned patient acknowledge receipt of the "Notice of privacy Practices" and the "Patient Rights and Responsibilities" document. I have read and understand the "Consent to Treat" document and by witness of my signature have assigned my benefits of insurance to Quality Performance Rehabilitation, Inc.

Signature of Patient

Date