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Physical Therapy Consent and Financial Agreement (Complimentary & Cash Pay Services)

Purpose of Services

Physical therapy is offered to support patients in adapting to and maximizing function with their prosthesis or orthotic device. These services may include evaluation, gait training, strengthening, balance activities, and education for safe and independent use.

Complimentary (No-Charge) Services

As part of your rehabilitation, Orthotics & Prosthetics East Inc., offers a limited number of complimentary physical therapy sessions following delivery of your orthosis or prosthesis. These visits are provided at no cost to the patient. The number of complimentary sessions will be determined by your therapist and the company. Additional visits beyond this limit are available on a self-pay (cash pay) basis, as outlined below.

Cash Pay Services

You are choosing to receive rehabilitation, exercise, or gait training services from Orthotics & Prosthetics East, Inc. These services are considered non-covered services under Medicare and other insurance programs when provided through a DME supplier. Because Orthotics & Prosthetics East, Inc is enrolled with Medicare only as a Durable Medical Equipment (DME) supplier, we cannot and will not bill Medicare or other insurances for these services.

Important Information

- These services are considered statutorily excluded and are not eligible for insurance reimbursement.
- Services are available only on a cash-pay basis.
- You are responsible for payment in full at the time of service.
- You may choose to receive these optional wellness/training services here, or you may seek covered physical therapy services from a Medicare-enrolled therapy provider if you prefer.

Informed Consent and Acknowledgment of Risk

I understand that participation in physical therapy, rehabilitation, exercise, or gait training involves certain risks, including but not limited to muscle soreness, fatigue, loss of balance, or minor injury. I have had the opportunity to ask questions about my treatment and understand that I should immediately inform my therapist of any pain, discomfort, or changes in my condition during therapy.

I acknowledge that Orthotics & Prosthetics East, Inc. and its staff will take reasonable precautions to ensure my safety during all services. However, I voluntarily assume all risks associated with my participation and agree that I am responsible for communicating any concerns to my therapist.

By signing below, I consent to receive therapy and training services as described in this document, and I release Orthotics & Prosthetics East, Inc., its employees, and contractors from liability for injuries or damages resulting from participation, except in cases of gross negligence or willful misconduct.

Patient Name: _____ Date: _____

Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____