



PT by the Sea, Inc

Physical Therapy

1721 Allens Lane Ste. 101 ~ Wilmington, NC 28403 ~ (910) 256-4442

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give my consent for PT By The Sea to furnish medical care and treatment to _____ considered necessary and proper in diagnosing or treating his/her physical and mental condition.

Printed Name (Patient/Guardian)

Signature

Date

RELEASE OF INFORMATION

I request that payment of insurance benefits be made on my behalf to PT By the Sea, Inc. for any services furnished to me. I further understand that my signature authorizes release of medical information necessary for payment of any claim to PT By the Sea, Inc. I also understand that I am responsible for any co-payment, coinsurance, deductible and non-covered services. I authorize release of my medical records to my referring and /or treating physician/counselor upon their/my request. I have read and understand the above statement.

Patient Signature _____ **Date:** _____

If you have been referred by Dr. Peter Kramer, D.O., please review and sign below:

I understand that I am free to choose any physical therapy provider consistent with my insurance requirements. I also understand that Theresa Kramer, PT (president and owner of PT By The Sea, Inc.) is the wife of Dr. Peter Kramer, D.O. which in no way influences the need for therapy.

Signature: _____ **Date:** _____