



PARENTAL CONSENT FORM

I hereby authorize USA Physical Therapy to provide physical therapy services and all that may entail under the Physical Therapy Practice Act for the State of Arizona for _____ . I also authorize USA Physical Therapy to furnish the insured's insurance company, employer, their representatives or referring physician, all information which may be requested concerning _____ 's present illness or injury. I hereby assign to USA Physical Therapy all money to which I am entitled for medical expenses relative to the services performed and provided from time to time, but not to exceed my indebtedness. It is understood that any money received from the forenamed insurance company over and above the charges incurred will be refunded to me when my bill is paid in full. I understand I am financially responsible to USA Physical Therapy for charges not covered by this assignment.

Signature of Parent/Guardian

Date

Print Name

"There is a difference!"