



www.stepaheadpt.com

Marblehead Fitness Center  
14 Bessom Street  
Marblehead, MA 01945  
Phone: 781-797-0844

2000 Massachusetts Ave  
Suite #5  
Cambridge, MA 02140  
Phone: 617-349-3540

### CONSENT FOR TREATMENT

I, the undersigned, a patient at STEP AHEAD PT, do hereby agree and give my consent to medical treatment in treating my physical condition. I authorize the release of any medical information needed to process my claim. I understand that I am responsible for any charges that are not covered by my insurance carrier. I authorize release of payment directly to Step Ahead Physical Therapy.

### DEDUCTIBLES/COPAYMENTS

Co-payments are to be paid **AT TIME OF SERVICE**. Deductible and Co-insurance payment amounts will be billed at the time the payment from your insurance company is received. Payment is due within 30 days of the date on the invoice. Patients are to keep payments current.

### CANCELLATION/NO SHOW POLICY

I understand the need for courtesy to give my therapist at least 24 hours notice if I need to cancel my appointment and agree to **pay a \$50 cancellation fee** if I fail to give sufficient notice. A series of multiple "no-shows" may result in termination of therapy.

By signing below you are agreeing to all the above terms and conditions.

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Patient/Parent/Guardian Signature

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Date