



**ARIZONA MULTISPORTS
PHYSICAL THERAPY** LLC

*Wellness with Motion
Since 2009*

Payment Guide

I agree to pay Arizona Multisports Physical Therapy for the services provided to me or the party named above. If any law, such as workers' compensation, or insurance contract prohibits payment for these services I will cooperate and assist in the provision of information, authorizations, releases, or any other type of information necessary to allow for speedy collection from my third-party payer. Where the law or an insurance contract does not prohibit payment by me, I acknowledge responsibility for any and all account balances.

The benefit Verification is only an explanation of coverage obtained from my insurance company and it is not a guarantee of coverage. If the information provided by my insurance company is not accurate or the insurance company changes its coverage, I will be responsible for payment of services.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my treatments unless agreed in writing by myself and a representative of Arizona Multisports Physical Therapy.

Initial _____

Patient or Guardian Signature: _____ Date: _____