



Consent Form

Patient's Name (please print)

Wellness, Prevention, IMT Services Consent:

- I authorize Wellness, Prevention & Integrative Manual Techniques provided by Owoc Physical Therapy & Associates, LLC for myself or my dependent.

Wellness, Prevention, IMT Services Payment Agreement:

- I agree to be responsible for payment at the time of service for all services rendered on my or my dependents behalf.

I understand coding for insurance billing is not provided with this billing structure nor will it be able to be added at any time.

Signature (Patient / Guardian) Authorizing Services & Payment

____/____/____
Date

Provider Signature

____/____/____