

**EDGE Rehabilitation and Wellness**

2360-C Montebello Sq. Drive, Colorado Springs, CO 80918

Tel: 719-599-5330 / Fax: 719-599-5438

**INFORMED CONSENT**

I, the undersigned, do hereby agree and give my consent for **Rea Rehabilitation Services, Inc.** to furnish physical therapy care and treatment to:

\_\_\_\_\_

I acknowledge that this treatment is considered necessary and proper and that no guarantees or assurances can be given.

Patient/Guardian:(signature)\_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF INFORMATION / ASSIGNMENT OF BENEFITS**

I authorize **Rea Rehabilitation Services, Inc.** to release any/all information necessary to process my claims and that is pertinent to my medical care. I authorize and instruct my insurance carrier to make payment directly to **Rea Rehabilitation Services, Inc.** for physical therapy services rendered.

**A photocopy/fax of both the “Release of Information” and “Assignment of Benefits” is considered to be as valid as the original.**

Patient/Responsible Party :

(signature)\_\_\_\_\_ Date \_\_\_\_\_

(printed name)\_\_\_\_\_

Witness:\_\_\_\_\_ Date \_\_\_\_\_