

# PEDIATRIC WELLNESS NETWORK AND ADULT REHAB

901-B Route 73 North Marlton, NJ 08053 Office 856-751-1937 Fax 856-751-1938

## General Consent Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### **CONSENT FOR TREATMENT**

I give my permission for **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** to evaluate and treat as indicated by a licensed and certified Speech-Language Pathologist and agree of my own free will to participate and cooperate. I understand that services can be stopped at any time at my request, at the request of my physician, and/or **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)**

### **CONSENT FOR USE OF EMAIL**

I give my permission for **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** to deliver educational information and to communicate with the therapist pertaining to my service.

### **ASSIGNMENT OF BENEFITS/GUARANTEED OF PAYMENT**

I give my permission for insurance benefits to be paid directly to my account with **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** This is a direct assignment of my rights and benefits. I understand that I am responsible for any portions of my expenses, including appropriate deductibles or co-insurance, not covered by my insurance carrier(s) for any services rendered by **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)**. If payment is made directly to me or denied by my insurance carrier, I agree to forward/pay for all services rendered by **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)**

### **NOTICE OF PRIVACY PRACTICES and FINANCIAL RESPONSIBILITY PRACTICES**

I acknowledge receipt of **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** Notice of Privacy Practices and Financial Practices.

### **RELEASE OF INFORMATION**

I give my permission to **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** to release needed information from my medical record to my insurers, the agency's licensing, certifying and accrediting bodies and to those agencies, institutions, or individuals who provide me with health or social services. I also give my permission to my insurers and those agencies from which I have received health or social services for the release of information to **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)**

A photocopy of this assignment shall be considered as effective and valid as the original.

Relationship of Caregiver to Patient \_\_\_\_\_

Signature and Date of Patient/Caregiver \_\_\_\_\_