



balance
REHABILITATION AND
HEALTH SCIENCE, LLC

Balance Rehabilitation and Health Science, LLC has made it a goal to be as environmentally friendly as possible in our pursuit to give our patients the best treatment possible. In an effort to meet this goal, we are providing “reusable” copies of the patient forms that contain the information you need to make an informed decision with regards to your treatment. Included are the following: a Financial Policy Form, a Cancellation Policy Form, and a HIPPA Privacy Form. Once you have read over and UNDERSTAND all of the information provided, please sign the below stating that you have read and understand each of these forms. Also, please feel free to ask any questions at our front desk. You have the right to request a copy of any and all forms provided to you for this release.

I have had full opportunity to read and consider the contents of the following forms:

- Financial Policy rev 2/14/06
- HIPPA Privacy Policy rev 2/14/06
- Cancellation Policy rev 2/14/06

I confirm that the contents are understood and I will abide by the policies set forth by Balance Rehabilitation and Health Science, LLC while receiving treatment here.

Signature: _____

Date: _____

If this Authorization is signed by a representative on behalf of the patient, complete the following:

Representative’s Name: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT

We reserve the right to change this or any notice pertaining to our facility. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain the effective date on the first page, in the top right-hand corner.



www.balance-rehab.com

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