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## PATIENT AGREEMENT

- [ ] I agree that a photocopy of this agreement is as valid as the original.
- [ ] I understand that Pinnacle Kidz/Pinnacle Physical Therapy, Inc. verifies insurance on my behalf. I further understand that this does not represent a guarantee of payment. If I have questions, it is my responsibility to ask the front desk or contact the member services department of my insurance provider regarding any concerns about my benefits.
- [ ] I understand that I am financially responsible for all charges not paid by my insurance company. In the event of default, I agree to pay all cost of collection and reasonable attorney's fee.
- [ ] I understand it is important for me to adhere to my scheduled appointment times. If dilemmas arise, I promise to be courteous and call if I am running late, unable to make my appointment or if I need to reschedule any future appointments. In addition, I promise to accept and adhere to the Pinnacle Kidz/Pinnacle Physical Therapy, Inc. cancellation and missed appointment policy.
- [ ] I authorize that my signature on this form constitutes assignments of benefits to the above named healthcare provider.
- [ ] I consent to have Pinnacle Kidz/Pinnacle Physical Therapy, Inc. provide the treatment and care prescribed to me. I understand this consent may be revoked by me at any time.
- [ ] Pinnacle Kidz/Pinnacle Physical Therapy, Inc. has my permission to keep my referring provider and/or primary care physician(s) informed of all my sessions.
- [ ] I consent to receive important Pinnacle Kidz updates and news electronically via the primary email address(es) I have placed on file. I understand I can opt out of these notices at any time.

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PATIENT/GUARDIAN'S SIGNATURE

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DATE