



**** Please initial and date each below****

Acknowledgement of Policy Form:

- I have read and understand the Practice & Financial Policy for **Therapy Direct**
Initial _____ Date: _____
- I have read and understand Authorization & Agreement of Payment Policy for **Therapy Direct**
Initial _____ Date: _____
- I have read and understand **Therapy Directs** Medicare, Non Covered Expense Policy
Initial _____ Date: _____
- I have read and understand **Therapy Directs** missed/no show policy
Initial _____ Date: _____
- I have read and understand **Therapy Directs** Treatment of a Minor Policy
Initial _____ Date: _____
- I authorize **Therapy Direct** to release medical information required to process claims
Initial _____ Date: _____
- I have read and understand **Therapy Directs** photography waiver
Initial _____ Date: _____
- Dry Needling Consent
Initial _____ Date: _____