

Astrid Rothmund
Physical Therapy

General Information

I request care from Astrid Rothmund Lewis for physical therapy for my medical condition.

Insurance and Payment Information

Astrid Rothmund receives payments from patient care from insurance companies, Medicare and/or third party programs.

- I agree to have my insurance company, Medicare or other third party payment program make payments directly to Astrid Rothmund Lewis.
- I agree to have Astrid Rothmund Lewis submit claims and treatment records, if requested, to my insurance company, Medicare or other third party program for my care, and receive payments directly.
- I understand that I must pay all charges, co-payments, and deductibles that are not covered by my insurance company, Medicare, or third party payment program.

My questions have been answered. I agree to the information in this form.

X _____
Patient

X _____
Date