Perfect 10.0 Physical Therapy

INJURY QUICK SCREEN - PHONE CONSULTATION
Consent & Financial Agreement

Perfect 10.0 Physical Therapy, PLC | admin@perfect10pt.org | www.perfect10pt.org

Patient/Athlete: _____ Date of Birth: _____

Parent/Legal Guardian (if minor): _____

Phone: _____ Email: _____

Patient physical location (state) at time of call: _____

1. Purpose and limitations

I request a scheduled telephone-based injury screening with Dr. Ezara Greene, PT, DPT, SCS. The clinician may obtain a brief injury history, discuss reported symptoms, and recommend the appropriate next level of care, such as urgent/emergency services, another healthcare provider, or a formal physical therapy injury evaluation. This is a limited triage service, not a comprehensive PT evaluation, diagnosis, medical clearance, individualized treatment plan, or treatment session. The appropriateness of specific interventions (including dry needling) cannot be determined through this screen alone. A formal in-person assessment may be recommended.

The information is based on what is reported during the call and may be incomplete without a physical examination. This service does not replace emergency care. For a medical emergency, call 911 or seek emergency medical attention.

2. Telephone consultation and authorization

I consent to the telephone consultation and understand that remote communication has limitations, including the inability to conduct a hands-on examination and potential technical or privacy risks. I agree to provide accurate information, disclose the patient's physical location at the time of the call, and understand the call may only proceed where Dr. Greene is authorized to provide the service. For minors, a parent/legal guardian must consent.

3. Fees and payment

Select the booked consultation duration (pricing includes Square processing fees):

☐ 15 minutes - $73.55 ☐ 30 minutes - $102.96 ☐ 45 minutes - $137.05

Full payment is due before the appointment. A valid credit card must remain on file. Any additional consultation time requires prior approval and may incur additional charges, which will be disclosed before extension. Weekend, holiday, or specially arranged urgent appointments may carry premium rates disclosed before booking.

4. Required paperwork and cancellation policy

This signed consent form must be submitted at least 24 hours before the scheduled call. If the consent, valid card, or full payment is not received on time, the appointment may be canceled.

At least 24 hours' notice is required to cancel or reschedule. A cancellation with less than 24 hours' notice incurs a separate $62.22 late-cancellation fee charged to the card on file. No-shows and unanswered calls are nonrefundable: the prepaid consultation fee is forfeited plus a separate $62.22 no-show fee. No complimentary rescheduling or appointment credit is provided for a no-show.

5. Insurance and billing

Perfect 10.0 PT is a cash-based, fee-for-service practice and does not bill insurance. No insurance claims or superbills are provided for this service. The practice states this service is not covered under its applicable Medicare, Medicaid, or TRICARE arrangements. I understand I am responsible for the stated charges.

6. Acknowledgment and payment authorization

By signing, I confirm I have read and understand the limited scope of the consultation, telephone limitations, fee schedule, 24-hour paperwork and cancellation deadlines, and no-show charges. I authorize Perfect 10.0 Physical Therapy, PLC to charge the card on file for the booked consultation and applicable additional time, late-cancellation, or no-show fees as described above. I understand that no specific clinical outcome or treatment is guaranteed.

Signature of patient / parent or legal guardian: _____

Printed name and relationship (if guardian): _____

Date: _____