Ability Rehab

1835 Savoy Drive
Atlanta, Georgia 30341
678-298-9484 (P) 1-866-857-8655 (F)

MEDICAL TREATMENT AUTHORIZATION & CONSENT FORM

Patient Name_____ Birth date _____/_____/_____

( ) Male ( ) Female

FACILITY INFORMATION

Location: (Facility or Adult Day Care Name, City) _____

PHYSICIAN INFORMATION

Primary Physician Name_____

Phone _____ Fax _____

LEGAL GUARDIAN

Name _____ Relationship _____

Address_____

_____
City, State, Zip

Phone _____ Email _____

I understand that Ability Rehab will provide therapy services (PT,OT,ST) for me as long as I am a resident/client of _____ . I authorize employees of Ability Rehab to furnish information when necessary to my insurance carrier concerning my illness and treatment. Benefits payable under my insurance coverage will be paid to Ability Rehab LLC, Atlanta, GA 30341.

Signature _____ Date _____