

Elite Spine & Extremity Physical Therapy

Acknowledgement of Receipt

Thank you for taking the time to review all of our policies as they pertain to your care. We are happy to provide you with a paper copy of the forms in the event you would like them for your records. You can also access copies of the policies on our website: www.eliteptwny.com. Please let us know if you have any questions about the policies. We want to make this process as transparent as possible.

By signing this statement, I (please print name) _____
acknowledge that I have read and understand the following policies listed below (please check all that apply):

- Notice of Privacy Practices
- Billing Policy
- Cancellation Policy

(Please sign here)

(Date)