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**Patients Name**

**C.O.A.S.T. Rehabilitation Services**  
**Insurance/Billing Payment Agreement**

To All New and Established Patients:

Providing you have medical insurance benefits and you elect to use those benefits for services rendered, **COAST Rehabilitation Services** will submit your claims to your insurance company and payment will be assigned to **COAST**.

It is important that you contact your insurance company benefits department **DIRECTLY** and obtain specific limits, benefits, deductibles/copayments or any other information regarding your rehabilitation or physical therapy treatments.

Every effort is made to collect your benefits from your insurance company. However, you are solely responsible for all charges incurred and we will expect payment for denied, non-covered and patient responsibility amounts as directed by your coverage.

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Patient/Parents Signature

Today's Date