

JACOBO PHYSICAL THERAPY, INC  
1820 Chester Ave.  
Bakersfield, CA 93301  
Ph. 661-631-8793 Fx. 661-631-9257

## DIRECT ACCESS DISCLAIMER AND CONSENT OF TREATMENT

PATIENTS NAME:  
DOB:  
INSURANCE NAME:  
INSURANCE ID:

Dear patient;

The state of California allows any patient insured by Medicare and other insurances to have direct assess to physical therapy care for a period of up to 45 calendar days or 12 visits without a referral from a doctor. Please read and sign this disclaimer acknowledging that you will be receiving physical therapy via direct access and that you are giving your consent to the treatment. Please let us know if the condition for which you are requiring therapy has been previously diagnosed by a doctor.

After 45 calendar days or 12 visits, which ever comes first, Jacobo Physical Therapy will continue to provide treatment and services **only** after receiving, a dated signature on the physical therapist's plan of care from a doctor in charge of your care, indicating approval of the physical therapist's plan of care. An in person patient examination and evaluation must be conducted by your physician and surgeon that is in charge of your care at the time of the signed approval of the therapist's plan of care.

Thank you

Patient Name: (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_