

Specialized Physical Therapy

533 B Keyway Drive

Flowood, Ms. 39232

601.420.0717 or 888.740.9850

Fax: 601.420.0957

NON-LITIGATION FORM

I _____, (patient / guardian) on the _____ day of _____, 20____, understand it is the policy of Specialized Physical Therapy not to treat patients involved in litigation claims. I have been made aware by the management of Specialized Physical Therapy, that if my account at any time, during or after treatment, becomes legal or handled by a third party, I must pay my account in full within 10 days or necessary collection procedures will be followed.

Specialized Physical Therapy will not deal with any attorney or third party on your claims. Our clinic will be more than happy to print out your charges and make copies of your account for you. There will be a \$40.00 charge for this service.

Please feel free to speak to our Office Manager if you have any questions or comments concerning this matter.

Signature

Date

Policy effective: June 1, 2010

Thank you,

Management of Specialized Physical Therapy

Jerome Foster, L.P.T.A.