

Therapy Unlimited, LLC

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MASTER MEDICAL ACKNOWLEDGEMENT

The undersigned patient of Therapy Unlimited, LLC does hereby acknowledge and agree that any and all Master Medical checks issued by any insurance carrier regarding services rendered by Therapy Unlimited, LLC, if received by the patient, shall be immediately turned over to Therapy Unlimited, LLC, along with any Explanation of Benefits form indicating any rejection or limitation of payment.

Further, the undersigned acknowledges that the Master Medical check(s) are the property of Therapy Unlimited, LLC and any attempt to endorse or cash the check(s) may subject the patient to criminal and/or civil prosecution.

The undersigned acknowledges that he/she has read and understands the provisions set forth above, which was reviewed with him/her by a representative of Therapy Unlimited, LLC.

THERAPY UNLIMITED, LLC

By:_____

Patient Signature

Dated