



**STEAMBOAT  
PHYSICAL THERAPY**

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Percival Creek Professional Plaza | 2102 Carriage Drive SW, Suite B, Olympia, WA 98502

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Office 360.866.0408 | Fax 360.866.1165 | Clinic hours: Monday - Friday, 7:00 a.m. to 5:30 p.m.

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**POLICY ACKNOWLEDGEMENT AND AUTHORIZATION**

I have read and understand the **Steamboat Physical Therapy Financial Policy**. I authorize my insurance benefits to be paid directly to Steamboat Physical Therapy. I am financially responsible for any balance not covered by insurance. I authorize the release of any information needed in the processing of my claim. \*

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Patient Signature (Parent or guardian if patient is a minor)

Date

I have read the **Steamboat Physical Therapy Cancellation and No Show Policy** and understand that I will be responsible to pay a \$40.00 no-show/short notice cancellation fee due at the time of my next appointment. \*

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Patient Signature (Parent or guardian if patient is a minor)

Date

I have read & understand the **Steamboat Physical Therapy Privacy Practices**. \*

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Patient Signature (Parent or guardian if patient is a minor)

Date

I would like to authorize release of information from my record to:

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Name and relationship

Appointment text reminders? **cell number:** \_\_\_\_\_

Appointment email reminders? **email address:** \_\_\_\_\_

**\* All policies are located on our website [steamboatpt.com](http://steamboatpt.com)  
or by hard copy at the clinic**