



### **Patient Insurance Acknowledgement Form**

I have received an explanation of Insurance benefits for Physical Therapy services. I understand that this is an estimate only received by WellBody management and that I may be responsible for amounts not covered by my insurance. If any other questions I understand that it is my responsibility as a patient to contact my insurance company for further details.

Thank you,

WellBody Physical Therapy, LLC

Patients Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_