

## No Surprises Act

### No Surprises Act Acknowledgement

With my signature, I am saying that I agree to get the items or services from (select all that apply):

Dr. Chelsea Jerabek, PT, DPT    Thrive Physical Therapy

### Acknowledgement

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice prior to my appointment explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

**IMPORTANT:** You don't have to sign this form. But if you don't sign, this provider or facility might not treat you. You can choose to get care from a provider or facility in your health plan's network.

### Signature

If in agreement with the terms above, please sign below:

Please use your mouse or finger to draw your signature below



Date:

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