

Bay City Health & Rehabilitation Center

1221 Avenue F

Bay City, Texas 77414

(979) 245-1414

<http://chiropractorbaycity.net>

I, _____ (Patient Name), certify that I have not received HOME HEALTH services within the last 30 Days. If I am receiving HOME HEALTH in any capacity and outpatient rehabilitation at the same time, **I will be responsible for the charges incurred with Bay City Health & and Rehabilitation.**

Patient Signature

Date

If you have been treated by a home health agency, you **must** obtain a release letter from that facility **BEFORE** outpatient rehabilitation can begin.