

Physical Therapy Center Of Greenpoint

Gerard Fiordalisi, P.T. D.P.T.

AUTHORIZATION AND ASSIGNMENT

I, _____, HEREBY INSTRUCT AND DIRECT THAT MY CLAIM FOR HEALTH CARE BENEFITS BE ASSIGNED TO THE PHYSICAL THERAPY CENTER OF GREENPOINT.

THIS IS A DIRECT ASSIGNMENT OF MY CLAIM FOR HEALTH CARE BENEFITS TO THE ABOVE NAMED PROVIDER.

I AGREE TO PAY ALL CHARGES NOT COVERED BY MY INSURANCE CARRIER(S) INCLUDING ANY DEDUCTIBLE.

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS MY INSURANCE CLAIM(S).

I ALSO AUTHORIZE THE RELEASE OF ANY INFORMATION PERTAINING TO MY CASE TO ANY INSURANCE COMPANY, ADJUSTER, OR ATTORNEY INVOLVED IN THIS CASE.

I AUTHORIZE THE PHYSICAL THERAPY CENTER OF GREENPOINT TO INITIATE A COMPLAINT TO THE INSURANCE COMMISSIONER FOR ANY REASON ON MY BEHALF.

A PHOTOCOPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE OF PATIENT

DATE

NAME OF PATIENT

WITNESS

NAME OF INSURANCE COMPANY

ADDRESS

POLICY HOLDER