

Assignment of Benefits to
ADVANCED PHYSICAL THERAPY CENTER

Patient Name: _____

Insurance Policy # _____

Insured Name: _____ Insured Date of Birth _____

Your relationship to the insured: 0 Parent 0 Spouse 0 Self

Claim# _____

I hereby instruct and direct _____ insurance company to pay by check made out and mailed to:

**Advanced Physical Therapy Center
3367 A Hwy 16 N.
Denver, NC 28037**

If my/this current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make out the check to me and **mail it to the above address** for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered.

This is a direct assignment of my rights and benefits under this policy.

This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I authorize the release of any medical or other information pertinent to my case to any insurance company, adjuster, or attorney involved in this case for the purpose of processing claims and securing payment of benefits.

I authorize the use of this signature on all insurance submissions.

I authorize Advanced Physical Therapy Center to deposit checks in my name.

I authorize Advanced Physical Therapy Center to initiate a complaint to the Insurance Commissioner against my insurance company if necessary.

I understand that I am financially responsible for all charges whether or not paid by insurance.

I understand that my account will become delinquent 30 days after discharge. I understand that a finance charge of 1.5%/ month will be added until payment is completed. I will also pay any charges incurred such as collection, court, and attorney fees.

Dated this _____ day of _____, 20_____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder