

Date: _____

Patient: _____

Employer: _____

Group: _____

SS#/ID#: _____

I hereby instruct and direct _____

Insurance Company to pay by check made out and mailed to:

Middletown/Holmdel Physical Therapy
2139 Highway 35
Holmdel, New Jersey 07733

If my current policy prohibits direct payment to the provider of service, I hereby also instruct and correct you to make out the check to me and mail it as follows:

Middletown/Holmdel Physical Therapy
2139 Highway 35
Holmdel, New Jersey 07733

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.**

A photocopy of this Assignment shall be considered as effective and valid as the original. This statement will also correspond to Signature on File on all future claims on my behalf.

I also authorize the release of any information pertinent to m case to any insurance company and its agents.

Patient Signature

Middletown/Holmdel Physical Therapy 2139 Highway 35 Holmdel, New Jersey 07733