

Towson PT

Billing Department: PO Box 745944 · Atlanta, GA 30374-5944
Phone (410) 970-8177 · Fax (410) 313-8314

ASSIGNMENT OF BENEFITS

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

Towson Physical Therapy
PO Box 745944
Atlanta, GA 30374-5944

If my current policy prohibits direct payment to this practice, I hereby also instruct and direct you to make the check to me and mail it as follows:

Patient Name _____

C/o Towson Physical Therapy
PO Box 745944
Atlanta, GA 30374-5944

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 also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize Towson Physical Therapy to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Patient/Guardian Signature: _____

Date: _____

Print Name: _____