

EAGLE CENTER PHYSICAL THERAPY

11470 Business Blvd., #200
Eagle River, AK 99577
Phone: 907-696-5678 Fax: 907-696-2248

ASSIGNMENT OF PAYMENT and RELEASE OF INFORMATION

PATIENT _____ SS#/ID# _____

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

EAGLE CENTER PHYSICAL THERAPY
11470 Business Blvd., Ste 200
EAGLE RIVER, AK 99577

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 my insurance company or adjuster (if an automobile or worker's compensation claim.)

I authorize this physical therapy clinic to initiate a complaint to the Insurance Commissioner, if it should become necessary, on my behalf.

PRIVACY (HIPPA): We do not release information unless we have a Release authorized by the patient. We do not use a billing service or submit claims electronically.

Signature of Policyholder

DATE _____

Signature of Claimant, if other than policyholder

DATE _____