

Eligibility Waiver/Assignment of Benefits

In order to submit an insurance claim for you for the payment of our services provided to you, we must have your authorization to release medical information to your insurance carrier.

I hereby authorize any holder of medical information to release to my insurance carrier or its intermediaries, any information needed for this or any related claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the Medical Center for Bone and Joint Disorder/Premier Physical Therapy and authorize them to submit a claim on my behalf.

I request that payment be made to the Medical Center for Bone and Joint Disorders/Premier Physical Therapy for any services furnished to me.

I understand that I am financially responsible to the Medical Center for Bone and Joint Disorders/Premier Physical Therapy for any balance not covered by my insurance company, including any durable medical equipment, out-of-network costs, unauthorized services and all deductibles.

Signature: _____

Date: _____

Disclosure

The Medical Center is an integrated orthopedic medical practice that employs physical therapists to treat its patients. Dr. Scott Goldman owns both the Medical Center for Bone and Joint Disorders and Premier Physical Therapy. Premier Physical Therapy was developed to provide quality care to all our patients in one convenient location, however if you choose to go to another facility please notify the doctor, as they will gladly refer you to another facility.