



ASSIGNMENT OF BENEFITS

Dear Patient:

As a member of Three Peaks Physical Therapy, Massage & Acupuncture, we are able to accept your insurance for services performed. We will submit a claim for your therapy procedures to your insurance company. While we are happy to provide this billing service to our patients, we do need your cooperation. By signing the Assignment and Release section below you are authorizing your insurance company to send their payment directly to us instead of yourself.

Should an insurance company send a reimbursement check directly to you for services rendered here, you agree to send to us immediately after endorsing the back of the check as follows:

**ENDORSEMENT: Pay to the order of:
Three Peaks Physical Therapy, Massage & Acupuncture**

**MAIL CHECK TO:
Three Peaks Physical Therapy, Massage & Acupuncture
PO Box 607
Islip, NY 11751**

ASSIGNMENT and RELEASE: I Hereby Assign to the health care provider indicated above all rights, privileges and remedies to payment for health care service provided by the assignee to which I am entitled under insurance law. The assignee hereby certifies that they have not received any payment for or on behalf of the assignor (patient) and shall not pursue payment directly from the assignor (patient) for services provided by said assignee. Notwithstanding any prior written agreement to the contrary, this agreement may be revoked by the assignee when benefits are not payable based upon the assignor's (patient) lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor (patient). I also authorize the release of any medical or other information necessary to process my claims.

Patient's or Authorized Person's

Signature: _____ Date: _____