

Frankfort Physical Therapy, LLC.

7777 W. Lincoln Hwy * Frankfort, Illinois 60423 * (815)806-8777

MEDICARE POLICY/ASSIGNMENT OF BENEFITS

Frankfort Physical Therapy, LLC. accepts Medicare assignments. Medicare will pay 80% of allowed charges AFTER your deductible has been met. The patient is responsible for the 20% co-payment and any remaining deductible. We will submit your 20% co-payment to secondary insurance if present.

I understand the above and I am financially responsible for the charges not covered by my group insurance plan.

SIGNATURE: _____ DATE: _____

RELEASE OF INFORMATION

I give permission to Frankfort Physical Therapy, LLC. to release information to my insurance company, attorney, assignees and/or beneficiaries.

SIGNATURE: _____ DATE: _____

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Date Of Birth: _____ SS#: _____

Patient Status: (circle one) Single Married Divorced Widowed

Date of Injury: _____

Referring Physician: _____

Is this injury the result of an accident involving another party? (circle one) Yes No

Is a lawsuit pending regarding this accident? (circle one) Yes No

Name of relative to contact in case of an emergency:

Name: _____ Relationship: _____ Phone: _____

SECONDARY INSURANCE INFORMATION

Name of insurance company: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Policy#: _____