



180 Bloor Street West, Suite 1202 + 899 Bay Street, Toronto, ON (T) 416-921-4587 (F) 416-921-4632

Benefit Assignment Form

Provider: St. George Physiotherapy Clinic
180 Bloor Street West, Suite 1202
Toronto, ON
M5S 2V6
info@stgeorgephysio.ca

Patient Name: _____
Address: _____
City/Province: _____
Postal Code: _____
Phone Number: _____
Insurance Company: _____
Plan Number: _____
Certificate / Plan member Number: _____

I hereby assign benefits payable for the eligible claims to the St. George Physiotherapy Clinic for submitting my claims electronically to the group benefits plan and I authorize the insurer/plan administrator to issue payment directly to St. George Physiotherapy Clinic. In the event my claim(s) are declined by the insurer/plan administrator, I understand that I remain fully responsible for payment to the Provider for any services rendered and/ or supplies provided.

I acknowledge and agree that the insurer/plan administrator is under no obligation to accept this Assignment, that any benefit payment made in accordance with this Assignment will discharge the insurer/plan administrator of its obligations with respect to that benefit payment, and that in the event the benefit payment is made to me, the insurer/plan administrator will also be discharged of its obligation with respect to that benefit payment.

I understand that this Assignment will apply to all eligible claims submitted electronically by St. George Physiotherapy Clinic and that I may revoke it at any time by providing written notice to the insurer/plan administrator.

If I am a spouse or dependent, I confirm that I am authorized by the plan member to execute an assignment of benefit payments to the Provider.

Date: _____

Signature _____
Print Name: _____