

EASTERN SHORE PHYSICAL THERAPY

314 Franklin Ave., Suite 405

Berlin, MD 21811

410-641-2900

Authorization to pay Eastern Shore Physical Therapy

Assignment of Benefits

I hereby authorize my insurance benefits to be paid directly to **EASTERN SHORE PHYSICAL THERAPY** and I am financially responsible for non- covered services. I understand if this is due to a Worker’s Compensation claim and benefits are subsequently denied, I will be held responsible for the total amount of charges for services rendered. If payment is made directly to me for services billed by EASTERN SHORE PHYSICAL THERAPY, I will submit payment promptly to EASTERN SHORE PHYSICAL THERAPY. I also authorize EASTERN SHORE PHYSICAL THERAPY to release any information to process this claim.

I consent to allow EASTERN SHORE PHYSICAL THERAPY to treat me for the conditions described in my prescription. If treatment consists of electrical stimulation or iontophoresis, I understand I may be charged for the supplies. Most insurance companies do not cover electrical stimulation supplies.

If Durable Medical Equipment is Issues (cane, braces, walkers, foot orthotics etc....) I authorize Eastern Shore Physical Therapy to submit a claim and release medical history for any Durable Medical Equipment issued. I understand insurance does not guarantee payment and I may be charged for the full amount and any deductibles, co-pays or otherwise for the Durable Medical Equipment. I understand that after this product has been used it is not able to be returned. And product malfunction within the first 30 days of being issued will be handled at Eastern Shore Physical Therapy and may be replaced.

We bill your insurance company as a courtesy to you. However, EASTERN SHORE PHYSICAL THERAPY does not accept responsibility for any incorrect information given by your insurance carrier in regards to copays, co-insurances or any benefit plans. I understand and agree that if I fail to make any payments for which I am responsible, I will pay for all costs of collecting monies owed, including collection agency fees, attorney fees and court costs.

Signature

Date