

Assignment of Benefits Form

Patient's name:	ID#:
Date of Birth:	Insurance Policy #:
Name of Insured (If other than patient):	Group #:
Insured's Date of Birth:	Claim #:
Relationship to Insured: (Self) (Spouse) (Other) _____	

I hereby instruct and direct _____ insurance company to pay by check made out and mailed to:

Kiara Physical Therapy, LLC
DBA Advanced Care Physical Therapy
246 Ryders Lane, Milltown, NJ 08850

If my/this current policy prohibits direct payment to therapist/doctor, I hereby also instruct and direct you to make out the check to me and **mail it to the above listed address** for professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment towards the total charges for the profession services rendered.

This is a direct assignment of my rights and benefits under this policy.

This payment will not exceed my indebtedness to the aforementioned assignee, and I have agreed to pay, in a current manner, any balance of said service charges over and above this insurance payment.

(Check each box and sign at the bottom)

- A photocopy of this assignment shall be considered as effective and valid as the original
- I authorize the release of any medical or other information pertinent to my case of any insurance company adjuster, or attorney involved in this case for the purpose of processing claims and securing payment of benefits
- I authorize the use of signature on all insurance submissions
- I authorize Kiara Physical Therapy LLC to deposit checks made in my name
- I authorize Kiara Physical Therapy LLC to initiate a complaint to the insurance

Signature of Policy Holder

Signature of Claimant, if other than Policyholder

Witness

Date