

Mobile Physical Therapy

720 E. 11 Mile Road
Royal Oak, MI 48067



P: 248-733-5700
F: 248-733-5750

ASSIGNMENT AND RELEASE

INSURANCE INFORMATION

Primary Insurance Company _____

Mailing Address _____

Claim#/Contract ID _____

Group # _____

Subscriber's Name _____ Birth date _____

Relationship to Subscriber: Self Spouse Child Other

Adjuster Name _____ Phone _____ Fax _____

Additional Insurance Comments: _____

Is patient covered by additional insurance? Yes No

Secondary Insurance Company _____

Mailing Address _____

Claim#/Contract ID _____ Group # _____

Subscriber's Name _____ Birth date _____

Relationship to Subscriber: Self Spouse Child Other

Adjuster Name _____ Phone _____ Fax _____

Is this claim in Litigation? Yes No

Attorney Name _____

Phone # _____

I certify that I, and/or my dependent(s), have insurance coverage with _____ and assign directly to Mobile Physical Therapy and affiliates all insurance benefits if any, otherwise payable to me for services rendered. I understand that I am responsible for all medical, paperwork, records, and processing charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. and affiliates may use my health information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or if I am discharged from treatment.

X _____ Date _____

Signature of Patient or Personal Representative

X _____ Date _____

Printed name of Patient or Personal Representative