



## **Insurance and Financial Policy**

### **Assignment of Benefits**

I hereby assign all medical benefits, to include major medical benefits, to which I am entitled to, including Medicare and other government sponsored programs, private insurances, and other health plans to Jersey Physical Therapy, LLC, who accepts this assignment.

I understand and agree that insurance claim forms will be submitted to my insurance company as a matter of convenience only and that I am financially responsible for ALL CHARGES regardless of my existing medical coverage and whether or not they are paid by said insurance. In the event that my insurance company forwards payment directly to me, instead of Jersey Physical Therapy, I will immediately deliver such payment to Jersey Physical Therapy Associates, LLC.

I understand and agree that if it becomes necessary to commence legal action for the collection of any outstanding charges on my account, I will be responsible for any costs and or court fees, in addition to the outstanding balance.

### **Release of Information**

I hereby authorize Jersey Physical Therapy Associates, LLC to disclose or obtain all or any part of my or my dependents records to or from any person corporation which may be liable for all or part charges of Jersey Physical Therapy Associates, LLC including but not limited to, insurance companies, worker's compensation carriers or employers to secure said benefits.

**I have read and understand the insurance/financial policy.**

Signature: \_\_\_\_\_ Date:

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