



AUTHORIZATION TO RELEASE RECORDS
ASSIGNMENT OF BENEFITS
AUTHORIZATION TO DEPOSIT CHECKS

I authorize release of medical records to my primary care physician and my prescribing physician, and to release any medical records to my insurance company necessary for processing insurance claims. I authorize my primary care physician and my prescribing physician to release any medical records to Desert Palms Physical Therapy (DPPT).

I authorize payment of my medical insurance benefits to be made directly to Desert Palms Physical Therapy (DPPT) in accordance with my medical insurance policies. I assign payment of benefits directly to DPPT. It is my responsibility to contact my insurance company to determine if DPPT is a contracted provider for my insurance coverage. It is my responsibility to inform DPPT of any prior authorization requirements for services. I acknowledge I will be responsible for any balance that my insurance company does not cover for any reason. I hereby instruct my insurance company to pay DPPT directly for services rendered. We are unable to bill Medicare for treatment as a result of an automobile accident. If policy prohibits payment directly to the provider, I hereby instruct my insurance company to issue the payment check in my name and mail it directly to DPPT. I authorize DPPT to deposit payment checks received on my account when made out in my name. I authorize DPPT to initiate a complaint to the Insurance Commissioner on my behalf for non-payment of my insurance claims.

A photocopy of this assignment shall be considered as valid as the original.

I understand there will be a finance charge of 1.5% per month (18% per annum) on all unpaid balances (deductibles, co-payments, co-insurance). If my account is referred a collection agency for non-payment by me, I agree to pay all collections fees and reasonable attorney fees and court costs.

I understand this office does not bill insurance for supplies. If a Therapist suggests any supply for my benefit or treatment, I understand the supply must be paid for at the time I take possession of the supply.

FOR PATIENT'S WITH LIENS: An administrative charge of \$88.00 will be added to your account to cover our expense of filing a Lien with Pima County.

We strictly enforce a missed appointment charge of \$25.00. We require a 24-hour notice if you are unable to keep your appointment. This charge will not be billed to an insurance company and must be paid on the next appointment date.

Signature
2-2004

Date