



ABSOLUTE BEST CARE PHYSICAL THERAPY

"WITH YOU EVERY STEP OF THE WAY"

1 John Street Suite -1W Babylon, NY 11702 Phone: 631-539-2629 Fax: 631-983-4954

Assignment of Benefits

I hereby acknowledge that I am receiving (or about to receive) health care services at:

ABSOLUTE BEST CARE PHYSICAL THERAPY

I have been advised that the doctor's providing the services are willing to wait for payment for these services, provided that there continues to be a reasonable chance that payment will be made either by insurance premiums or out of the settlement of a liability claim.

I understand that if it is determined either:

1. That there is no insurance company obligated to pay for these services, or if the insurance company involved refused to acknowledge an assignment to the doctor or make other provisions for the protection of the interest of the doctor; or
2. If a liability claim exists, and my attorney refuses to agree to protect the interest of the doctor, or if I have not engaged the services of an attorney;

I agree to pay for services rendered on a current basis. My bill will be paid in full as soon as my liability claim is settled or within three months of the date of my last treatment, whichever occurs first. I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, co-payments and any and all services rejected by my insurance company.

Patient Signature

Date

Witness