CONSULTATION PHYSICAL THERAPY
of TEXAS
RETURNING YOU TO THE GAME OF LIFE

Assignment of Benefits

Date_____
Patient Name _____
Employer _____
Insurance _____
Group # _____
Policy # _____
SS # _____

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

Consultation Physical Therapy of Texas, P.C.
427 West 20th Street, Suite 207
Houston, Texas 77008

OR

If my current policy prohibits direct payment to Consultation Physical Therapy of Texas, P.C., I hereby instruct and direct you to make out the check to me, and I in return will mail it to:

Consultation Physical Therapy of Texas, P.C.
427 West 20th Street, Suite 207
Houston, Texas 77008

For the professional or medical expenses benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. ***This is a direct assignment of my rights and benefits under this policy.*** This payment will not exceed my indebtedness to the above-mentioned assignees, and I have agreed to pay, in a manner, and balance of said professional services charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize Consultation Physical Therapy of Texas, P.C. to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated at *Consultation Physical Therapy of Texas, P.C* this _____day of _____, 20____

Signature of Policy Holder _____
Signature of Witness _____