

Executive Park Orthopedic & Sports Physical Therapy

Assignment of Benefits

I hereby authorize payment directly to Executive Park Orthopedic & Sports Physical Therapy, LLC of the insurance benefits otherwise payable to me by _____
Name of Insurance Company

I understand I am financially responsible to Executive Park Orthopedic & Sports Physical Therapy, LLC for any charges not covered by this authorization.

Patient/ Insurer's Signature

Date

Policy Number

Social Security Number