

Deer Park Physical Therapy and Rehabilitation
505 Grand Blvd.
Deer Park, NY 11729
Phone: (631) 940-9800
Fax: (631) 940-9801

Assignment of Benefits

I authorize the release of medical information to process this claim and authorize payment of medical benefits to Deer Park Physical Therapy & Rehabilitation for services described on your explanation of benefits statement.

Signed _____ Date ____/____/____

Payment Policy

All accounts including co-insurance and co-payments are due at the time of service, unless other arrangements are made with the billing department.

I understand and agree regardless of my insurance, I am ultimately responsible for the balance of my account for any professional therapy services rendered.

Signed _____ Date ____/____/____

Consent to Treatment

I understand that I have been referred for physical therapy and rehabilitative treatment care at Deer Park Physical Therapy & Rehabilitation. Deer Park Physical Therapy & Rehabilitation will describe to me my individual treatment plan. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including risks or alternatives to the treatment plan that has been prescribed for me. By signing this agreement, I consent to have Deer Park Physical Therapy & Rehabilitation provide treatment and care as prescribed by my physician and/or recommended by my physical therapist.

Signed _____ Date ____/____/____

Relationship to Patient _____

(self, parent, legal guardian, spouse, etc.)

Witness _____