

ISLAND HEALTH PHYSICAL THERAPY

806 E MAIN ST

RIVERHEAD, NY 11901

Phone: (631) 591-3505

Fax: (631) 591-3503

Assignment of Benefits

I authorize the release of medical information to process this claim and authorize payment of medical benefits to Island Health Physical Therapy 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 Island Health Physical Therapy. Island Health Physical Therapy 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 Island Health Physical Therapy 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 _____