



"Setting the standards for personal care"

PHYSICAL THERAPY ASSOCIATES



ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

This is to authorize Ellis Physical Therapy Associates, Inc. to make available to my insurance company and/or my attorney (s) any and all medical records or information that may aid in properly processing my claim and in representing me in a claim for injuries sustained as result of an accident or illness. I further request that copies of my bills be sent to my attorney (s) and hereby authorize my attorney (s) or insurance company to pay directly to Ellis Physical Therapy Associates, Inc. all bills in full.

I also fully understand that if bills are not paid at all, or paid only partially by the insurance company and/or attorney(s), that I am fully and personally responsible for all my medical expenses as presented by Ellis Physical Therapy Associates, Inc. It was carefully explained to me and I fully understand that Ellis Physical Therapy Associates, Inc.'s charges for examination, treatment, etc. are to be paid fully by me regardless of the outcome of my suit or negotiations. In the event that I am in breach of contract to pay Ellis Physical Therapy for my medical bills I will be responsible for any court costs and attorney fees that result in collecting payment for my bill.

I further grant a lien and this document constitutes a lien on any funds paid/acquired through settlement, litigation or insurance claim as a result of said illness/accident and direct the insurance carrier/attorney to pay directly to Ellis Physical Therapy Associates, Inc. (rather than to me as the patient) for services rendered on my behalf. This lien includes any and all amounts paid on my behalf for Med-pay or PIP benefits.

I have carefully read and understand the above statements and confirm this with my signature below.

I understand that this paper will be forwarded to my attorney and that my attorney will withhold any funds necessary out of the settlement to pay this bill.

(Patient or Guardian)

(Witness)

(Date)