

ASSIGNMENT OF BENEFITS FORM

Date: _____

Patient: _____

Employer: _____

Insurance Co: _____

SS#/ID#: _____

I hereby instruct and direct the above insurance company to pay by check made out and mailed to:

Somerset Family Physical Therapy, Inc.

14 Worlds Fair Drive, Ste M

Somerset, NJ 08873

for the professional or medical expense 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 assignee, and I have agreed to pay, in a current manner, any balance of said professional service 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 on my behalf.

Dated: _____

Signed: _____

Witness: _____

SOMERSET FAMILY PHYSICAL THERAPY
14M Worlds Fair Drive
Somerset, NJ 08873
732-356-5363