



**Central Missouri Physical Therapy
dba Sport and Spine Rehab**

ASSIGNMENT OF BENEFITS/CONSENT FOR TREATMENT

(Patient) Last Name

(Patient) First Name

(Patient) Middle Initial

I, the undersigned, agree and give consent for Central Missouri Physical Therapy dba Sport and Spine Rehab, to provide evaluation and treatment considered necessary and appropriate in accessing my physical condition.

I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made on my behalf to Central Missouri Physical Therapy dba Sport and Spine Rehab, for any medical services provided to me by that organization.

I authorize the release of any medical or other information necessary to determine these benefits of the benefits payable for related services to the organization, Central Missouri Physical Therapy dba Sport and Spine, my insurance carrier, or the medical entity. A copy of this authorization will be sent to my insurance company or other entity, if requested. The original will be kept on file by Central Missouri Physical Therapy dba Sport and Spine Rehab.

I understand that I am financially responsible to Central Missouri Physical Therapy dba Sport and Spine Rehab for any charges not covered by health care benefits. It is my responsibility to notify Central Missouri Physical Therapy dba Sport and Spine Rehab for any changes in my health coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I understand that by signing this form, I am accepting financial responsibility as explained above for all payment for products/services received.

By signing this document, I also acknowledge that I have received/or have been made aware of the organization's Notice of Privacy Practices. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPAA), to ensure that I have been made aware of my privacy rights.

Patient Name (Print)

Patient Signature

Guardian Signature (If patient is under 18 or if power of attorney exists)

Date