BELLA
PHYSICAL THERAPY
Regain. Renew. Recover.

Bella Physical Therapy • 39-40 Broadway, Suite 4, 2nd Floor • Fair Lawn, NJ 07410
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www.bellaphysicaltherapy.com • Hours: Mon-Fri, 10 am to 8 pm • Closed Saturday and Sunday

ASSIGNMENT AND RELEASE OF MEDICAL BENEFITS

Last Name	First Name	Date of Birth	Male /Female
Home Address	City	State	Zip
Home Phone	Cell Phone	E-Mail	
Physician's Name and Phone	Emergency Contact	Social Security #	
Employer's Name, Address and Phone		Job Title	

Primary Insurance Information:
Insurance Name:_____ Subscriber ID#:_____

Secondary Insurance Information:
Insurance Name:_____ Subscriber ID#:_____

FOR COMMERCIAL INSURANCE PATIENTS

I, the undersigned (or his legal guardian), have insurance coverage with the above mentioned insurance(s) and assign directly to BELLA PHYSICAL THERAPY, PC all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that in the case of the insurance company paying me directly via checks I am responsible for submitting those checks to Bella Physical Therapy. I hereby authorize BELLA PHYSICAL THERAPY, PC to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

FOR MEDICARE PATIENTS

I request that payment of authorized MEDICARE benefits be made either to me or on my behalf to BELLA PHYSICAL THERAPY, P.C. for physical therapy services furnished in this office. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services.

I understand my signature requests that payments be made and authorizes release of medical information necessary to pay the claim. In Medicare assigned cases, the supplier agrees to accept that charge determination of the Medicare carrier as a full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

I have to notify BELLA PHYSICAL THERAPY, PC about any insurance coverage changes occurring during my course of treatment. If I fail to do so, I shall be solely responsible for all additional charges that may result from this matter.

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Signature of Patient or Legally Authorized Representative Date