



This form instructs your **Insurance Company** to send payment for your treatment directly to Midwest Physical Therapy Services. We will send this form to your Insurance Company to do the following listed in the box below. If your Insurance Company does not follow what is in your contract, as well as ours, we will send a complaint to the Nebraska Insurance Commissioner.

MIDWEST PHYSICAL THERAPY SERVICES

11640 ARBOR STREET, STE 200

OMAHA, NE 68144

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.

Patient authorizes the Physical Therapist and/or Midwest Physical Therapy Services to deposit checks received on Patient's account for treatment when made out to the Patient from the insurance company.

I authorize the Physical Therapist and/or Midwest Physical Therapy Services to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. I have read all of the information on this sheet. I certify this information is true and correct to the best of my knowledge. I will notify Midwest Physical Therapy Services of any changes in my status of the above information.

Signature

Date

Parent (if minor)

Date