



## **Patient Account Information**

**As a courtesy to our patients, we will submit all insurance forms. The patient is always responsible for full payment of his/her bill. There are occasions when we are given incorrect information when verifying physical therapy benefits with your insurance company. It is recommended that you speak directly to your insurance company regarding physical therapy coverage and limitations. We are not a participating provider for all insurance companies.**

## **Assignment of Benefits Release of Information**

**I hereby authorize payment to be made directly to H2Orthopedic for professional services rendered to my dependent, or me, and I shall be personally responsible for any unpaid balance due. Furthermore, I authorize the release of any medical information necessary to process claims.**

**Patient Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

