

## **Mid-Nebraska Physical Therapy & Sports Center Release and Assignment**

### **TO MY INSURANCE CARRIER(S):**

1. I authorize the release of any medical information necessary to process my insurance claim(s) and to obtain payment of the account for services provided.
2. I authorize and request payment of medical benefits herein specified and otherwise payable to me, directly to Mid-Nebraska Physical Therapy & Sports Center, P.C.
3. I understand that I am ultimately responsible for payment of all charges incurred for my therapy. I agree to pay the late fee equal to sixteen per annum on all account balances, which are overdue by sixty days.
4. I understand that if claiming worker's compensation that it is my responsibility to bring in notice of injury from employer before it will be turned into worker's compensation insurance. Otherwise all billing will be submitted to personal medical insurance or my responsibility to pay.
5. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me.
6. I agree that a photocopy of this form may be used in lieu of the original.

### **INFORMED CONSENT**

7. I AUTHORIZE Mid-Nebraska Physical Therapy & Sports Center to render treatment to me as ordered by my physician and grant permission to Mid-Nebraska Physical Therapy & Sports Center to obtain my medical records from my physician.
8. As parent / guardian of \_\_\_\_\_ (minor child) I release him / her in the care of the physical therapist as prescribed by his / her physician.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date