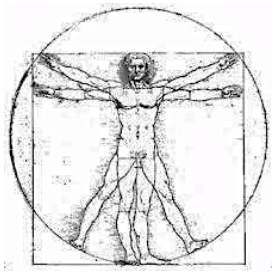

PARAGON Physical Therapy, PC
50 N Industry Ct, Deer Park, NY 11729
(P) 631-242-9200 (F) 631-242-9200

ASSIGNMENT OF BENEFITS

Dear Patient:

As a patient of PARAGON Physical Therapy, PC we are able to accept your insurance for services rendered. We will submit a claim for your therapy procedures to your insurance company. While we are happy to provide this billing service to our patients, we do need your cooperation. By signing the Assignment and Release section below you are authorizing your insurance company to send their payment directly to us instead of yourself. **Should an insurance company send a reimbursement check directly to you for services rendered here, you agree to send that check as payment to us immediately after endorsing the back of the check as follows:**

ENDORSEMENT:
Pay to the order of:
PARAGON Physical Therapy

MAIL CHECK TO:
PARAGON Physical Therapy, PC
50 N Industry Ct
Deer Park, NY 11729

ASSIGNMENT and RELEASE: I Hereby Assign and Authorize all rights, privileges and remedies to payment of medical benefits to Cheryl Christie MS, PT, AT,C and PARAGON Physical Therapy, PC for services rendered by a licensed physical therapist or physical therapist assistant employed by Cheryl Christie, MS PT AT,C. to which I am entitled under insurance law. I understand that I am financially responsible for any balance not covered by my insurance. Notwithstanding any prior written agreement to the contrary, this agreement may be revoked by Cheryl Christie MS, PT, AT,C when payments are not payable based on the assignor's (patient) lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor (patient). I certify that the information given by me in applying for payment is correct. I authorize release of all records on request. I request all authorized benefit payments be made on my behalf.

I hereby acknowledge that Cheryl Christie MS PT AT,C. will add a three (3)% charge on all past due balances, as well as the cost of any collections.

PLEASE NOTE: IF YOU DO NOT HAVE A PRESCRIPTION FROM YOUR PHYSICIAN, PODIATRIST, NURSE PRACTICIONER, OR DENTIST, OR IF YOU HAVE BEEN RECEIVING HOMECARE, YOUR PHYSICAL THERAPY VISITS MAY NOT BE COVERED BY INSURANCE.

Patient Signature_____ Date_____

Parent/Guardian Signature_____ Date_____