



Assignment of Benefits

Benefits Info

What is your deductible amount? \$_____ and Coinsurance%_____

If you have a coinsurance or unmet deductible please give your credit card info here. Nothing will be charge without permission.

Credit Card Type_____ Exp. Date_____ Card #_____

Policy Info

Patient Name_____ ID#_____ DOB_____

Insurance Policy #_____ Group#_____

Insured Name (if other than patient)_____ Insured DOB_____

I hereby instruct and direct the above named insurance company to make payments to Magnolia Physical Therapy Co. on my behave. This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to MPT and I have agreed to pay any balance of said professional service charges over and above this insurance payment.

Signature_____ Date_____