

Penemarie K. Murphy, Inc dba Physical Therapy Services

ASSIGNMENT OF BENEFITS and MEDICAL RELEASE

POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR TO SIGN ANY PIECE OF PAPER WHICH WILL ENHANCE OR EXPEDITE PAYMENT TO PROVIDER FOR SERVICES RENDERED, INCLUDING BUT NOT LIMITED TO A RELEASE OF MEDICAL RECORDS AND ASSIGNMENT OF BENEFITS/AUTHORIZATION TO PAY.

Know by all these present that: The undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint Penemarie K. Murphy, Inc dba Physical Therapy Services, and any of its duly authorized agents and employees as and to be the undersigned's true and lawful attorney for and in the undersigned name, place and stead to endorse any and all checks, drafts, or money orders which are made payable to the undersigned alone or to the undersigned and the said Penemarie K. Murphy, Inc. dba Physical Therapy Services, which checks, drafts, or money orders are made payable for services which have been made by Penemarie K. Murphy, Inc dba Physical Therapy Services , at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

Furthermore, the undersigned allows Penemarie K. Murphy, Inc dba Physical Therapy Services or any of its agents to sign any paper that will be necessary to enhance, expedite and/or allow payment to said provider. This may include affidavits of non-ownership of vehicles, insurance forms and other statements.

The undersigned by these presents does give and grant the said Penemarie K. Murphy, Inc dba Physical Therapy Services as attorney the full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned as well as any other document.

MEDICAL RELEASE

A photocopy of this document shall be sufficient to authorize any person having records of medical treatment, services, or supplies pertaining to me to release true copies of same to Penemarie K. Murphy, Inc dba Physical Therapy Services or any insurer providing coverage to me in connection with the processing of any claim for benefits made by me or by the assignee herein. A photocopy of this document shall be as binding as an original signature page.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these presents.

ASSIGNMENT OF BENEFITS

I, _____ Hereby authorize _____
(Name of Insured/Patient) (Name of Insurance Company)

to make medical benefit payments otherwise payable to me for services rendered by Penemarie K. Murphy, Inc dba Physical Therapy Services, but not to exceed the charges of those services, payable to and mailed directly to:

Penemarie K. Murphy, Inc dba Physical Therapy Services
P O Box 11477
Jacksonville, Florida 32239

Furthermore, I hereby IRREVOCABLY Assign to Penemarie K. Murphy, Inc dba Physical Therapy Services the rights and benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and/or charges provided by Penemarie K. Murphy, Inc dba Physical Therapy Services.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this _____ day of _____ 20 ____.

PATIENTS SIGNATURE

PATIENT'S NAME (Please Print)



ASSIGNMENT OF BENEFITS

I, _____, authorize _____
(Patient's Name Printed) (Insurance Company)

to make medical benefits payments otherwise payable to me for services rendered by Physical Therapy Services, but not to exceed the charges of those services, payable to and mailed directly to

**Physical Therapy Services
P.O. Box 11477
Jacksonville, Florida 32259**

I hereby instruct the insurance carrier that in the event that the subject medical benefits are disputed for any reason, including medical reasonableness and/or necessity, that the amount of the unpaid benefits claimed by **Physical Therapy Services** is to be set aside and not disbursed until the dispute is resolved.

Furthermore, I hereby IRREVOCABLY ASSIGN to **Physical Therapy Services** the rights and benefits and any and all causes of action resulting from nonpayment under any policy of insurance, indemnity agreement or any other collateral source as defined by Florida Statutes for any service and/or charges provided by **Physical Therapy Services**.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this _____ day of _____, 20_____.

(Patient's Name – Printed)

(Patient's Signature)

(Provider Signature)

- [] 7001 Merrill Rd~32277~(904) 744-0277
- [] 12740-2 Atlantic Blvd~32225~(904) 220-8311/220-8313(fax)
- [] 425 N. Lee St~32204~(904) 353-9008/353-3215(fax)