



**ASSIGNMENT OF BENEFITS FORM**

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CLAIM#: \_\_\_\_\_

SS# / ID# \_\_\_\_\_

I hereby instruct and direct \_\_\_\_\_ Insurance Company to pay check

made out and mailed to:

**GNLC PHYSICAL THERAPY PLLC  
500 PORTION RD SUITE 5  
LAKE RONKONKOMA, NY 11779**

**OR**

If my current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

**C/O GNLC PHYSICAL THERAPY PLLC  
500 PORTION RD SUITE 5  
LAKE RONKONKOMA, NY 11779**

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment towards the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjustor or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Patient Signature: \_\_\_\_\_

Guardian of Minor Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_