

# Sports Therapy and Rehabilitation

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## AUTHORIZATION AND ASSIGNMENT OF BENEFITS

1. I hereby authorize and direct Sports Therapy and Rehabilitation Center, Inc. to release all medical information necessary to process my physical therapy claims.
2. I understand that I will be fully responsible to pay Sports Therapy and Rehabilitation Center, Inc. co-payments and / or pre-determined percentages outlined by my health insurance carrier, and any fees or interest charges that would be assessed by any collection process as needed.
3. I hereby authorize and direct my insurance carrier to pay all benefits which may be due to me according to my insurance policy, directly to Sports Therapy and Rehabilitation Center, Inc.
4. I hereby give a lien to Sports Therapy and Rehabilitation Center, Inc. on any settlement, judgment, or claim as a result of my injury. I also authorize and direct my health insurance company or attorney to pay sums from personal injury protection, medical pay, or third party payments as deemed necessary to reimburse Sports Therapy and Rehabilitation Center, Inc. for physical therapy services provided.
5. I authorize Sports Therapy and Rehabilitation Center, Inc. to obtain a copy of my medical records, radiology reports, X-rays, or M.R.I. as needed.
6. I have received and read Notice of Information Practices.

**PATIENT OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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As the attorney for the above patient, I understand that I am fully responsible to pay for all physical therapy bills submitted by Sports Therapy and Rehabilitation Center, Inc. on behalf of my client, from any settlement or judgment which I may receive.

**ATTORNEY SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_