

COMPREHENSIVE SPINE CARE, P.A.

COMPREHENSIVE PHYSICAL THERAPY

Nomaan Ashraf, M.D.

Board Certified Adult & Pediatric Spinal Surgery

RAFAEL LEVIN, M.D.

Board Certified Adult & Pediatric Spinal Surgery

JONATHAN P. LESTER M.D.

Board Certified Adult Physical Medicine & Rehabilitation

JAY GREENSPAN, PT, CERT, MDT

Physical Therapy

PATIENT'S NAME _____

INSURANCE AUTHORIZATION AND ASSIGNMENT (please read and sign)

The patient is responsible for all fees, deductible and co-payments regardless of insurance coverage unless forbidden by prior insurance contracts. You are expected to pay for services at time they are rendered unless arrangements have been made in advance.

I hereby authorize payment to Comprehensive Spine Care, P.A./Comprehensive Physical Therapy of any benefits otherwise payable to me for their services.

I hereby authorize Comprehensive Spine Care, P.A./Comprehensive Physical Therapy to receive and furnish to insurance companies, their representatives or designated attorney and requesting physicians, any information concerning my treatment.

I hereby assign to Comprehensive Spine Care, P.A./Comprehensive Physical Therapy all payments for medical services rendered to my dependants or myself. I agree that if my insurance company sends me a check for services rendered by Comprehensive Spine Care, P.A./Comprehensive Physical Therapy to my dependants or me, I will enclose this check and forward it to Comprehensive Spine Care, P.A./Comprehensive Physical Therapy within 5 days.

If any collection proceedings are required to cover any outstanding balance, I understand I will be responsible for said costs including attorney fees of 33.3% of the unpaid balance. These costs are above and beyond for services rendered.

Comprehensive Spine Care, P.A./Comprehensive Physical Therapy reserves the right to charge 1.5% interest per month on any balance that remains after 60 days.

SIGNATURE OF PATIENT _____

DATE _____

SIGNATURE OF INSURED _____

DATE _____

466 OLD HOOK ROAD, SUITE 16, EMERSON, NJ 07630, TEL # 201-634-1811, FAX # 201-634-9170

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