

Date: _____
 Patient: _____
 Employer: _____
 Claim Group: _____
 SS # / ID #: _____

I hereby instruct and direct _____ Insurance Company to pay a check made out and mailed to:

Nick Roselli – Occupational Therapy 61-18 190th St., Suite 201 Flushing, NY 11365
 Patient Name Address City, State, Zip

or

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

Nick Roselli – Occupational Therapy 61-18 190th St., Suite 201 Flushing, NY 11365
 Patient Name Address City, State, Zip

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward 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 this 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, adjuster, or attorney involved in this case.

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

Dated at _____ this _____ day of _____, 20____

 Signature of Policyholder

 Witness

 Signature of Claimant, if other than Policyholder

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information. I authorize payment of medical benefits to the provider
 Nick Roselli – Occupational Therapy

SIGNATURE: _____ DATE: _____