



AUTHORIZATION FOR RELEASE OF INFORMATION

Authorization is not required for the Use or Disclosure of Information Related to Treatment, Payment, Healthcare Operations or if Required by Law or Rules
HIPAA 143a-Authorization for Release of PHI 10-28-08

I. Patient Name _____
(Last) (First) (Middle)

II. Date of Birth _____ Social Security Number _____

III. Permanent Address _____
City _____ State _____ Zip _____

IV. I, the undersigned, hereby authorize release information of the following information (Please Check One):

_____ All Physical Therapy Records _____ Treatment Of (Specify Condition): _____

_____ Treatment Received on the Following Dates: from: _____ to: _____

Other (Please Describe): _____

V. **Release:**

I hereby authorize the release of any necessary and pertinent information including evaluations, assessments, progress notes, daily notes to my insurance company or their representative for the payment of my insurance claim for physical therapy services rendered by 360 Physical Therapy & Wellness.

VI. **Assignment of Benefits Statement (See Form Attached):**

I authorize my insurance carrier to pay the claim for physical therapy services directly to provider, namely **360 Physical Therapy & Wellness, 11840 W. Market Place Suite G, Fulton, MD, 20759.**

VII. **Agreement of Payment & Copayment:**

I understand that 360 Physical Therapy & Wellness will attempt to obtain as much reimbursement for care provided through my insurance provider as possible. If for any reason 360 Physical Therapy & Wellness is unable to receive reimbursement from my insurance company, I acknowledge my responsibility for any portion of the bill for physical therapy services that was not covered.

I, _____, understand that most insurances have co-payments or co-insurances which are collected at time of service per each visit. I acknowledge my responsibility for understanding my specific insurance plan and the exact percentage of the bill that I am liable for. I understand that co-payments and co-insurances are collected at each visit and that it is illegal for 360 Physical Therapy & Wellness to waive them. Failure to pay at the time of visit can result in credit reporting, account being sent to collections, and further legal action. It is my responsibility to notify 360 Physical Therapy & Wellness of any changes to my insurance policy in order to ensure billing accuracy.