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_____
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 of their representative for the payment of my insurance claim for physical therapy services rendered by The Healing Institute of Physical Therapy (THI).

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 **The Healing Institute of Physical Therapy**.

VII. **Agreement of Payment & Copayment:**
I understand that THI will attempt to obtain as much reimbursement for care provided through my insurance provider as possible. If for any reason THI 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 THI 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 THI of any changes to my insurance policy in order to ensure billing accuracy.