



REHAB  RECOVERY

ASSIGNMENT OF BENEFITS TO ATHLETIX REHAB AND RECOVERY, LLC

I \_\_\_\_\_ hereby instruct and direct my insurance company to pay by check:

ATHLETIX REHAB AND RECOVERY, LLC  
60 SW 13<sup>th</sup> St., Unit 4005  
Miami, FL 33130

If my current policy prohibits direct payment to the treating therapist, and sends reimbursement directly to me (the patient) I will mail a check to the above address in the amount reimbursed.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS.

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.

The undersigned patient hereby assigns the benefits of insurance under their automobile insurance or any other insurance to Athletix Rehab and Recovery, LLC. for services rendered under the undersigned patient and covered by the Personal Injury Protection (P.I.P.) coverage or any other insurance coverage under my insurance policy in accordance with Florida law.

This assignment includes, but is not limited to, all rights to collect benefits directly from the patient's insurance company for services that patients has received and all rights to proceed against patient's insurance company in any action if the insurance company fails to make payment of benefits when due.

I authorize the use of my signature below on all insurance submissions, insurance appeals and complaints on my behalf, and I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature of Policy Holder \_\_\_\_\_

Date \_\_\_\_\_