



ASSIGNMENT OF BENEFITS & PATIENT RESPONSIBILITY for WORKER'S COMP
William Joseph VanVynck Physical Therapy, PC (WJVPTPC)

First Name: _____ Last Name: _____ MI: _____
Employer's Name: _____ Social Security #: _____
Insurance Carrier for Claim: _____ Telephone: _____
Claim #: _____ Adjuster's Name: _____
Adjuster's Direct Phone: _____ Fax Number: _____

Patient Responsibility:

- I hereby authorize WJVPTPC to release all information necessary regarding services rendered to the insurance carrier and referring physician. I agree to cooperate, aid, and assist WJVPTPC in procuring all possible insurance benefits.

- I also agree to inform WJVPTPC immediately upon receiving notification of an Independent Medical Exam (IME) scheduled on my behalf for my claim.

- In the event that I receive a direct payment of any amount due for services rendered, I agree that I will hold such payment in trust for WJVPTPC and I also agree to send such payment to WJVPTPC.

- In the event my worker's compensation claim is denied, I understand that WJVPTPC will attempt to collect from my primary insurance, this is NOT a guarantee the primary insurance carrier will cover these services. I understand that regardless of my assigned insurance benefits, I am responsible for the total charges of services rendered not covered by the worker's compensation insurance carrier or my primary insurance carrier.

Primary Insurance: _____ ID #: _____
Insured's Name: _____ Insurance Telephone: _____

Assignment of Benefits:

I hereby assign and transfer William Joseph VanVynck, Physical Therapy, PC (WJVPTPC) all my rights, titles and benefits payable by my insurance carrier for services performed by WJVPTPC and its clinicians. I hereby authorize WJVPTPC to submit claims to my insurance carrier or intermediary for all services rendered by our facility and to exercise any appeals and other rights under my policy on my behalf.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE-MENTIONED TERMS

Patient Name (Signature) Date

Patient Name (Printed)