PARK AVENUE
Physical Therapy & Wellness

ASSIGNMENT OF BENEFITS & PATIENT RESPONSIBILITY

William Joseph VanVynck Physical Therapy, PC (WJVPTPC)

William Joseph VanVynck Physical Therapy, P.C., d.b.a Park Avenue Physical Therapy & Wellness will bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill when the services are rendered. We require that arrangements for payment of your estimated share be made today. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. In the event that your insurance company requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company. In the event your insurance company establishes an internal *usual and customary fee schedule*, you will be responsible for the difference remaining.

If your insurance company makes any payments directly to you for services by us, you recognize obligation to promptly remit same to Park Avenue Physical Therapy & Wellness (WJVPTPC).

The above does not apply for those claims considered under Worker's Compensation. However, be advised that if you claim Worker's Compensation benefits and are subsequently denied such benefits, you may be held responsible for the usual amount of the charges for services rendered to you.

If any changes are made to your insurance/payment coverage, you must alert the office as soon as possible of these changes.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed to Park Avenue Physical Therapy & Wellness, (WJVPT) including court costs, collection agency fee and attorney fees.

Estimate Insurance Benefits: _____

Estimated Patient payment: _____

NOTE: Estimate coverage information is provided as a courtesy to our patients, but is not intended to release them from total responsibility for their account balance.

The above information has been read and explained to me. I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT.

_____ _____
Patient/Guardian/Responsible Party Signature Date

_____ _____
Park Avenue Physical Therapy & Wellness Representative/Witness Date

Huntington: 175 E Main Street, Suite 110 Huntington, NY 11743 (631) 427-7600
Northport: 10 Fort Salonga Road, Suite 2A Northport, NY 11768 (631) 343-9194