



PIP Authorization and Assignment

I understand that I am personally responsible for the payment of services rendered to me by First Choice Physicians LLC t/a Sport & Spine Rehab, Greenstein and Associates DC t/a Metro Sport & Spine, Sport & Spine Rehab of McLean, Sport & Spine Rehab of Ft. Washington, Sport & Spine Rehab of Fairfax, or Sport & Spine Rehab of Sterling and Staff. In the event that I have insurance, **I hereby assign the benefits that I am eligible to receive for the care rendered in this office.**

I authorize First Choice Physicians LLC t/a Sport & Spine Rehab, Greenstein and Associates DC t/a Metro Sport & Spine, Sport & Spine Rehab of McLean, Sport & Spine Rehab of Ft. Washington, Sport and Spine Rehab of Fairfax, and Sport & Spine Rehab of Sterling to release any information to any insurance company, adjustor, or attorney that will assist in payment of the claim. I fully understand and agree that the insurance policies are in agreement between the insurance carrier and myself. Any balance due after insurance, payment will be promptly paid by me. If I am uninsured, or choose not to use my insurance, I will be wholly responsible for the bill.

I hereby authorize my insurance company to remit payment directly to:

Sport and Spine Rehab of _____

For Medicare: I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits to be made to First Choice Physicians LLC t/a Sport & Spine Rehab, Greenstein and Associates DC t/a Metro Sport & Spine, Sport & Spine Rehab of McLean, Sport & Spine Rehab of Ft. Washington, Sport & Spine Rehab of Fairfax, or Sport & Spine Rehab of Sterling, on my behalf. I give my permission for evaluation and treatment by First Choice Physicians LLC t/a Sport & Spine Rehab, Greenstein and Associates DC t/a Metro Sport & Spine, Sport & Spine Rehab of McLean, Sport & Spine Rehab of Ft. Washington, Sport & Spine Rehab of Fairfax, or Sport & Spine Rehab of Sterling and its staff.

It is further understood that the statute of limitations is three (3) years from the time said services were last performed and I further understand that, because of long delays in trial dockets, many cases are not tried or settled until a date which is beyond three (3) years after the last service was performed. In view of this, I hereby agree that the statute of limitations with respect to any claim for services mentioned above will not begin to run until there is denial in writing by me of the balance claimed to be due to you by me.

In the event there is a breach of this agreement, I understand that I will be responsible for any expenses relating to the collection of my accounting including but not limited to: services and administration charges, legal fees, and/or interest accrued.

I hereby state and agree that photocopy of this document will be deemed valid and binding on all parties involved as the original. This is a direct assignment of my rights and benefits under this policy.

Date

Signature (Parent or Guardian If a Minor)

Witness

Policy Holder