

PENN-TRAFFORD PHYSICAL THERAPY, INC.  
1004 HARRISON CITY/EXPORT ROAD  
BOHINCE BUILDING  
SUITE 3  
HARRISON CITY, PA 15636

Phone #: (724) 744-7200  
Fax #: (724) 744-7208

Michael W. Huffman, Licensed Physical Therapist

Patient's Name \_\_\_\_\_

ASSIGNMENT OF INSURANCE BENEFITS

I authorize and direct my insurance carrier to pay to PENN-TRAFFORD PHYSICAL THERAPY, INC. as its interests may appear, all benefits under my insurance policy now due or that may become due as a result of therapy services provided to me.

I am responsible for all financial obligations of therapy services provided, and for reimbursement and payment of claims from my insurance company. If for any reason the account should become delinquent, I agree to pay for all interest charges, collection costs and any reasonable legal fees. I accept responsibility for payment of any deductible and co-insurance from my insurance policy.

I authorize and direct PENN-TRAFFORD PHYSICAL THERAPY, INC. to furnish any and all information and record of treatment and services rendered to me related to this claim.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date