

ORTHOPAEDICS

PHYSICAL THERAPY

Automobile Insurance PIP and Medical Pay Benefits Assignment Form

I hereby irrevocably authorize you to pay directly, BURLINGTON PHYSICAL THERAPY, PC D/B/A ORTHOPAEDICS PLUS, at 54 Middlesex Turnpike, Suite 101L, Bedford, MA 01730, the indemnity benefits due me under the Personal Injury Protection ("PIP") and/or Medical Payments ("MEDPAY") terms of my automobile insurance policy issued by your company. Payment is authorized upon your receipt of an itemized statement for services rendered to me. In addition, I authorize the release of any medical information necessary to process this claim.

If I am represented by an attorney, I request that a SEPARATE CHECK in payment of these services be issued payable to both the attorney and Orthopaedics Plus (please send E.O.B. with payment). Payment of the amount as herein directed in whole or in part shall be considered the same as if paid by your company directly to me. A photocopy of this document may be accepted with the same legal force and effect as the original

Date: _____

Date of Accident: _____

Claimant Name: _____

Claimant Signature: _____

In the space below, please write information regarding the automobile YOU were in:

Contact Person : _____

Contact Phone number: _____

Auto Insurance company name and address

Name: _____

Address: _____

City, State Zip: _____

Policy Holder information

Policy Holder Name: _____

Policy Number: _____

Claim Number: _____