



## **COST OF TREATMENT, ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION TO INSURANCE COMPANY**

I understand that my private insurance company may cover my treatment in part or entirely.  
I may be responsible for a deductible and/or co-payment amounts, which will be due at the time of service.  
I will call my insurance company for my responsible amounts. I will be able to make payments in cash, check, or credit card.

I understand that if my injuries were sustained in an auto-accident, work-related incident, or pending a personal injury claims. I will agree to assign to Yoshimoto Physical Therapy all proceeds from no-fault insurance and/or other actions against third-party, until my account has been paid in full. If litigation is pending, I acknowledge that I will be personally responsible for payment of services rendered to me by Yoshimoto Physical Therapy.

I hereby authorize Yoshimoto Physical Therapy, or its representative, to release to my insurance company or its representative my information including the diagnosis and the records of any treatment or examination rendered to me during the period of such medical care.

I hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, Tricare, Private Insurance, and any other health plan to Yoshimoto Physical Therapy. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that any balance not paid within 30 days of receipt will be considered in default and unless other arrangements are made, are subject to (a) an interest of 12% per annum on the unpaid balance, and (b) being assigned to a credit collector and/or attorney for legal action. In the event of default, I (we) promise to pay legal interest of the indebtedness, together with collections cost, and a \$25 processing fee, and reasonable attorney fees as may be required to affect collection of this note. I hereby authorize said assignee to release all information necessary to secure payment.

I have read and understand the aforementioned policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_