

Complete Rehab & Sport

A Division of CRS Homebased Physical Therapy, P.C.
672 South Country Road East Patchogue, NY 11772
631.654.5282 fax 631.654.5253

ASSIGNMENT OF BENEFITS FORM

I, _____ (“Assignor”) hereby assign to
(print patient’s name)
Complete Rehab & Sport- A Division of CRS Homebased Physical Therapy P.C.
 (“Assignee”) all rights, privileges, and remedies to payment for health care services
provided by assignee to which I am entitled.

The Assignee hereby certifies that they have not received any payment from or on behalf
of the Assignor and shall not pursue payment directly from the Assignor for services
provided by said Assignee, not withstanding any other agreement to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based
upon the assignor’s lack of coverage and/or violation of a policy condition due to the
actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY
INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR
INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY
FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,
INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A
FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE
SUBJECT TO CIVIL PENALTY.

Date: _____, 20____
Signature of Patient or Guardian