

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

AUTHORIZATION FOR USAGE OF "SIGNATURE ON FILE" DESIGNATION
FOR CLAIM AUTHORIZATION

I, _____, authorize CRS Homebased Physical Therapy,
Enrollee Name

P.C. to execute any claim forms with which my signature is required with the
designation " SIGNATURE ON FILE . "

By doing so I authorize:

- 1.) The release of any medical information necessary to process my claim.
- 2.) Payment of medical benefits to the CRS Homebased Physical Therapy, P.C..

This authorization will remain in force until terminated in writing by the enrollee.

Date: _____, 20 _____
Signature of Patient or Guardian