

COMPREHENSIVE REHABILITATION & PAIN SPECIALISTS, P.C.

I. PERMISSION FOR TREATMENT: I hereby authorize Comprehensive Rehabilitation & Pain Specialists, P.C. and its professional staff to treat me for conditions requiring their services. FAILURE TO SIGN THIS DOCUMENT AT THE BOTTOM OF PAGE MAY RESULT IN THE APPOINTMENT TO BE RESCHEDULED AT THE DISCRETION OF THE PRACTICE.

II. RELEASE OF MEDICAL INFORMATION: I hereby authorize Comprehensive Rehabilitation & Pain Specialists, P.C. to release financial, medical and such other information as may be requested by any insurer or other party who may be liable for any part of the charges for my care. I authorize Comprehensive Rehabilitation & Pain Specialists, P.C. to contact my employer and insurance carrier to verify coverage by my insurance. My signature shall authorize Comprehensive Rehabilitation & Pain Specialists, P.C. to obtain copies of medical records from previous treating physicians and/or any facilities where diagnostic testing may have been performed.

III. ASSIGNMENT OF BENEFITS: I authorize payment of benefits directly to Comprehensive Rehabilitation & Pain Specialists, P.C. for all covered services to be applied against the bill. The undersigned or the patient is responsible for any and all charges not covered under the present insurance policy.

IV. I also understand that Comprehensive Rehabilitation & Pain Specialists, P.C. will consider a bill past due thirty (30) days from the date reflected on the invoice. All past due bills may be subject to a one and one half (1 ½) percent surcharge per month. It is further agreed that the patient, spouse, or responsible party agrees to pay all costs of collection, including attorney's fees in the amount of 33 1/3% plus court costs and any interest allowable by law, if incurred.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED REGARDING INSURANCE COVERAGE IS CORRECT AND THAT THE ABOVE RELEASE AND REQUEST FOR ASSIGNMENT WILL BE HONORED.

Date Authorized Signature (Parent if minor)

I permit a copy of this authorization to be used in place of the original, regardless of the date, until cancelled by me.