Back On Track
Physical Therapy

1180 Beacon Street 6C
Brookline, Massachusetts 02446
www.BackOnTrackPT.com

ASSIGNMENT, LIEN, AUTHORIZATION AND POWER OF ATTORNEY

I hereby authorize and direct you, my insurance company and/or my attorney, to pay directly to Back On Track Physical Therapy, such sums as may be due and owing to Back On Track Physical Therapy for services rendered to me, both by reason of accident or illness, and any other bills that are due this office, and to withhold such sums from any disability, no-fault, health, accident, worker compensation or any other benefits (including but not limited to PIP, Med Pay, Underinsured Motorist or Bodily Injury), or from any settlement, judgment or verdict which may be paid to me as a result of the injuries of illness for which I have been treated by Back On Track Physical Therapy. This is an irrevocable assignment of my rights and benefits to the extent of Back On Track Physical Therapy services provided.

In the event any insurance company is obligated to make payments to me upon the charges made by Back On Track Physical Therapy for their services, and refuses to make payment to said Back On Track Physical Therapy, upon demand by me or Back On Track Physical Therapy, I hereby assign and transfer to Back On Track Physical Therapy any and all causes of action that I have or that might exist in my favor, against such company, and I authorize Back On Track Physical Therapy to prosecute such cause(s) of action either in my name or their name, and further, I authorize Back On Track Physical Therapy to compromise, settle or otherwise resolve said claim or cause(s) of action.

I hereby authorize all procedures related to my diagnosis whether of not they are covered by my insurance plan and I understand that I remain personally responsible for the total amounts due to Back On Track Physical Therapy for their services. I further understand and agree that nothing herein constitutes consideration for Back On Track Physical Therapy to await payments and they may demand payments for or from me immediately upon rendering services. I hereby grant to Back On Track Physical Therapy, my Power of Attorney for the sole purpose of endorsing any negotiable instrument payable to it, it's employees and/or me for services by Back On Track Physical Therapy and/or it's employees. I further grant Back On Track Physical Therapy my Power of Attorney for the purpose of signing on my behalf any insurance form, PIP form, authorization, medical insurance form and/or settlement drafts necessary to collect my insurance benefits.

In the event that any of the provisions contained herein are unenforceable, for any reason whatsoever, all remaining provisions shall remain in full force and effect.

I authorize Back On Track Physical Therapy to request and/or release any information pertinent to my case to any insurance company, adjuster, attorney or my employer to facilitate their collection efforts under this Agreement, Lien and Authorization.

I hereby state that a photocopy of this document will be deemed as valid and binding on all parties as the original.

_____	_____	_____
Signature	Print Name	Date

_____	_____
Witness	Date