

**CENTRAL REHAB CLINIC
PHYSICAL THERAPY
13111 HOOPER RD
BATON ROUGE, LA 70818**

225-261-7094

HELEN M BALZLI PT

FAX 225-261-7095

PAYMENTS AND INSURANCE

We at Central Rehab Clinic would like to thank you for choosing our facility for your Physical Therapy needs. Central rehab Clinic will accept assignment of insurance benefits, but your insurance policy is a contract between you and your insurance company and as such, we are not party to that contract. As a courtesy, we will bill your insurance company with the appropriate billing information provided by you. All insurance policies are different. Not all medical services performed may be covered under your plan and not considered 'reasonable' by your insurance policy. Any remaining balance on your bill will be your responsibility. Statements will be sent out monthly and timely payment is appreciated.

Many insurance companies require a co-payment at the time of visit. If your insurance does have a co-payment plan, we will need your payment at the time services are rendered.

As always, we will do anything to assist you in this process. Please feel free to contact us if we can be of any assistance.

Release of Benefits Authorization

I authorize the release of any medical information to any and all parties involved in reimbursement to process my insurance claim(s). I hereby assign all payments to Central Rehab Clinic rendered to myself or my dependents which I have not paid. I understand that I am responsible for my account and not the insurance company. A Photostat of this authorization shall be as the original.

Last Name _____ **First Name** _____ **DOB** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Signed (Patient or Responsible Party)

____/____/____
Date