

DIANE J. Wooldridge, P.T.
Physical Therapy
3507 Post Street
Clinton, NY 13323

Ph: (315) 853-1401

Fax: (315) 853-7629

DIRECT PAYMENT AUTHORIZATION

Authorization to pay benefits to Diane Wooldridge, PT. I hereby authorize payment to be made directly to Diane Wooldridge, PT from insurance or any third party. I will assume all financial responsibility for any unpaid balance. (It is the patient's responsibility to keep scheduled appointments. If the patient is unable to keep a scheduled appointment, a 24 hour cancelation notice is requested. Failure to provide a 24 hour cancelation notice may result in a fifty dollar charge for failure to keep the appointment.)

RELEASE OF INFORMATION

Authorization to release information to Diane Wooldridge, PT and Access Medical Solutions Services. I, the undersigned, hereby authorize the release of any information necessary for the collection of payment from all sources.

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made payable to Diane Wooldridge, PT for all/any services. I authorize the release of my information to the Health Care Financing Administration and its agents if that information is needed to determine these benefits or benefits payable for related services.

NEW YORK VEHICLE NO FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS

Accident Date: _____

I assign Diane Wooldridge, PT all rights, privileges and remedies to which I am entitled under Article 51 (the No Fault Provisions) of the Insurance Law. The agreement shall become null and void if at any time it is determined that benefits are not payable due to the following circumstances: lack of coverage, violation of policy condition, or determination that the treatment/services rendered are not related to said motor vehicle accident.

Any person, who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

PRIVACY POLICY

Diane Wooldridge, PT strives to take reasonable precautions to protect the privacy of our patients. When it is appropriate and necessary, we provide the minimum required information to only those medical/insurance professionals in need of health care, treatment, or payment information, in order to provide care that is in the best interest of the patient while protecting patient privacy.

We also support full access for patients to their personal medical records. Patients have the right to review our privacy notice, to request restrictions and revoke consent in writing after reviewing our policy notice.

PATIENT

NAME: _____ SIGNATURE: _____ DATE: _____