



Davis & DeRosa Physical Therapy, Inc.

325 Main Street  
El Segundo, California,  
United States, 90245  
Phone: 310-648-3167  
www.davisandderosa.com

## Assignment of Benefits

**Patient's Name:** \_\_\_\_\_  
(Print Name)

Occasionally, payment for treatment is sent to the patient instead of Davis & DeRosa Physical Therapy. Please know that should this occur, you are responsible for all payments directly received from the insurance company. Please bring in the payment at your next visit. If treatment has concluded, you may mail in the payment or drop it off during working hours.

While Davis & DeRosa Physical Therapy has pre-verified your benefits, there are times when additional money may be owed. Should your insurance company deny any/all payment for treatment, you will be held financially responsible for any outstanding balance. Payment is to be made immediately to Davis & DeRosa Physical Therapy, upon request.

I hereby authorize Davis & DeRosa Physical Therapy to furnish my insurance carrier(s) any and all requested information concerning my health care. **I also authorize my insurance carrier(s) to pay Davis & DeRosa Physical Therapy directly for services rendered.**

*Office Use Only*

Patient's Identification Number: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient or Legal Guardian)