



Assignment of Benefits

Date: _____

Upon an agreement made between myself and Westchester Sports Physical Therapy, P.C., I hereby understand and authorize that all or any reimbursement(s) shall and will be made directly to Westchester Sports Physical Therapy, P.C. Should my insurance company refuse payment by deciding to dispute the fees or the medical necessity of my physical therapy treatment, I shall take full responsibility for payment of any and all outstanding balances.

Patient Signature: _____

Print Name: _____

*672 White Plains Road, Scarsdale NY 10583 (914)722-2400
www.westchestersportspt.com*