

Provident Physical Therapy
554 Larkfield Road, Suite 207
East Northport, NY 11731

Authorization for use of Signature on File for Claim Authorization

Insurance Plan & Policy ID#

Patient's Name

I, _____ authorize Provident Physical Therapy to mark the section "Enrollee or Authorization Person's Signature" with the notation "Signature on file".

This section authorizes:

1. The release of any medical information necessary to process this claim.
2. Payment of medical benefits to the undersigned physicians or supplier of services.
3. This authorization will remain in force until terminated in writing by the enrollee.

Patient's Signature

Date

Parent / Guardian Signature

Relationship to patient

- If the patient is unable to sign, a representative's signature is required; indication of the relationship to the patient as well as reason unable to sign. If the patient is under the age of 18, a parent or guardian must sign.
- If the patient does not have a representative present, verbal consent may be obtained and the medical personnel obtaining the consent may sign.