Patriot All Pro
PHYSICAL THERAPY CENTERS

AUTHORIZATION AND AGREEMENT TO PAY FOR MEDICAL SERVICES

I, _____
(Patient's Name and Home Address)

acknowledge that I have been treated at PATRIOT ALL PRO PHYSICAL THERAPY CENTERS 348 North Pearl Street Brockton, Massachusetts for injuries sustained as

a result of loss/accident on or around _____
(Date of Injury)
and furthermore that I presently have a claim pending for damages arising out of said aforementioned accident. Moreover, this will confirm that

_____
(Attorney of Record and Business Address)
is acting as my Attorney in connection with this claim. I hereby AUTHORIZE and DIRECT that upon his/her receipt of any proceeds, including personal injury protection benefit (PIP), medical payment benefits (MEDPAY) and proceeds by way of settlement and/or as a result of litigation, AND prior to making any other disbursements relative to the above referenced, said _____
(Attorney of Record)
promptly pay all outstanding medical expenses for all services rendered by PATRIOT ALL PRO PHYSICAL THERAPY CENTERS to me subsequent the date of loss and continuing until said proceeds are received.

Additionally, in the event the insurance companies do not cover copays and other medical expenses, I, _____ am fully responsible to pay
(Patient's Name)
PATRIOT ALL PRO PHYSICAL THERAPY CENTERS for these uninsured medical expenses.

DATED this _____day of_____, _____.
(Month) (Year)

_____
(Patient)

_____
(Attorney of Record)

Corporate Office
Patriot All Pro Physical Therapy Centers
348 North Pearl Street•Brockton, MA 02301
Phone 508·897·0056 Fax 508·584·5630