

FREDONIA PHYSICAL THERAPY, PLLC
12 BRIGHAM ROAD
FREDONIA, NEW YORK 14063
(716)-679-7447
(716)-679-7446 fax

GENERAL INSURANCE INFORMATION

❖ **PRIMARY INSURANCE:** _____

SUBSCRIBERS NAME: _____ DATE OF BIRTH: _____

ID #: _____ GROUP #: _____

❖ **SECONDARY INSURANCE:** _____

SUBSCRIBERS NAME: _____ DATE OF BIRTH: _____

ID #: _____ GROUP #: _____

I hereby certify that the information above is to the best of my knowledge complete and accurate. I understand that I am financially responsible to Fredonia Physical Therapy, PLLC for all therapy services rendered at this clinic whether or not covered by insurance. I also hereby authorize release of information pertaining to my medical condition and therapy treatment to my insurance company, Social Security Administration, or Medicare program.

SIGNATURE: _____ **DATE:** _____

STATEMENT TO AUTHORIZE PAYMENT OF BENEFITS

I certify that the information given by me in applying for payment is correct. I authorize Fredonia Physical Therapy, PLLC to release any medical information required to process my claim. I request that payment be made to Fredonia Physical Therapy, PLLC for services provided to me.

SIGNATURE: _____ **DATE:** _____