



PHYSICAL THERAPY & SPORTS REHAB

POWER OF ATTORNEY and MEDICAL RELEASE

POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR TO SIGN ANY PAPER WHICH WILL EXPEDIT PAYMET TO PROVIDER FOR SERVICES RENDERED, INCLUDING BUT NOT LIMITED TO A RELEASE OF MEDICAL RECORDS AND ASSIGNMENT OF BENEFITS/AUTHORIZATION TO PAY.

Know by all these present that: the undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint **XL PHYSICAL THERAPY & SPORTS REHAB**, and any of its duly authorized agents and employees as and to be the undersigned true and lawful attorney for and in the undersigned’s name, place and stead to endorse and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and the said **XL PHYSICAL THERAPY & SPORTS REHAB**, which checks, drafts or money orders are made payable for services which have been made by **XL PHYSICAL THERAPY & SPORTS REHAB**, at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

Furthermore, the undersigned allows **XL PHYSICAL THERAPY & SPORTS REHAB**, or any of its agents to sign any paper that will be necessary to enhance, expedite and/or allow payment to said provider. This may include affidavits of non-ownership of vehicles, insurance forms and other statements.

The undersigned by these presents does give and grant the said **XL PHYSICAL THERAPY & SPORTS REHAB** as attorney the full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned as well as any other document.

MEDICAL RELEASE

A photocopy of this document shall be sufficient to authorize any person having records of medical treatment, services or supplies pertaining to me to release true copies of same to **XL PHYSICAL THERAPY & SPORTS REHAB**, or any insurer providing coverage to me in connection with the processing of any claim for benefits made by me or by the assignee herein. A photocopy of this document shall be as binding as an original signature page.

The undersigned does hereby ratify and confirm and all actions taken by the said attorney in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these presents.

Release of information: I hereby authorize this medical provider to furnish my insurance company or companies and the patient’s attorney with any and all information that may be contained in my medical records , to obtain coverage information telephonically from my insurer; to request a written non-redacted PIP payout sheet from the insurer; and to obtain copies of my medical records, including but not limited to, documents, reports, scans, notes, opinions, X-rays, and MRI’s received from any other medical provider or any insurance company. The insurer is directed to keep the patient’s medical records private and confidential. The insurer is NOT authorized to provide these medical records to anyone, including but not limited to, third party vendors without the patients and the providers prior express written permission.

ASSIGNMENT OF BENEFITS

I, _____ Hereby authorize _____
(Name of Insured) (Name of Insurance Carrier)

Payable directly to:

Payable to and mailed directly to:

XL PHYSICAL THERAPY & SPORTS REHAB
4022 N. Ocean Blvd. Ft. Lauderdale, Fl 33308

The medical benefits otherwise payable to me for their services, but not to exceed the charges of those services. I hereby IREVOCABLY ASSIGN to **XL PHYSICAL THERAPY & SPORTS REHAB** any benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and/or charges provided by **XL PHYSICAL THERAPY & SPORTS REHAB**. IN WITNESS WHEREOF the undersigned have here unto set their hands, this, _____ day of _____, 20_____.

PATIENT’S SIGNATURE

PATIENT’S NAME (PLEASE PRINT)