



DIRECT RIGHTS AND  
ASSIGNMENT OF BENEFITS FORM

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

CLAIM# : \_\_\_\_\_

SS# / ID# \_\_\_\_\_

I hereby instruct \_\_\_\_\_ Insurance Company to make direct payments to:

**BRIAN V. BECKER MA., PT PLLC  
DBA EXCEL REHAB/SPORTS THERAPY  
41 JOHN STREET  
BABYLON NY 11702**

If my current policy prohibits direct payment, I hereby instruct you to make direct payments as follows:

**C/O BRIAN V. BECKER MA., PT PLLC  
41 JOHN STREET  
BABYLON NY 11702**

for the professional or medical expense benefits allowable, and otherwise payable towards the total charges for professional services rendered. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjustor or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Patient Signature: \_\_\_\_\_

Guardian of Minor Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form of Communication: **Please Check One**

Phone message: ☐ Yes | ☐ No

Person other than yourself to leave information with:

\_\_\_\_\_ Relationship \_\_\_\_\_