



41 John Street, Babylon, NY 11702
631-321-1100 FAX 631-321-1761

Medicare
Assignment of Benefits Form

Name of Beneficiary: _____

Medicare ID#: _____

I request that payment of authorized Medicare benefits be made on my behalf to Excel Rehabilitation and Sports Therapy for services furnished to me by the physical therapist. I authorize any holder of medical information about me to release to the Health Care financing administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient's Signature: _____ Date: _____

Physical Therapist (print or type): _____

Physical Therapist Signature: _____ Date: _____