Reassignment of Benefits

(Out-of-Network Insurance)

To Whom It May Concern:

I_____,allow assignment of benefits to be issued to the treating provider,

Dr. Janae Brown, PT, DPT.

I am aware that **Physical Therapy San Pedro** is a non- participating provider.

Please remit all check payments for services rendered directly to:

Dr. Ja'nae Brown, PT, DPT
643 W 6th Street
San Pedro, CA 90731

Kindly,

Patient Name: _____

Policy Holder Name: _____

Policy Holder Signature: _____

*ID #*_____

DOB: _____

Date: _____