



### Auto Insurance Information

Auto Insurance: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Adjuster Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Assignment of Benefits

I, \_\_\_\_\_, assign to the Center for Orthopedic and Sports Physical Therapy, P.A. ("COSPT") all of the rights and benefits of any applicable personal injury protection, medical payments, or other related forms of coverage provided by my automobile insurance policy, or any such policy providing coverage to me issued pursuant to Florida Statutes §627.730 - §627.7405, for treatment, services, and supplies COSPT provides to me related to the personal injuries I suffered in an automobile accident which occurred on the date above.

This assignment permits COSPT to directly engage in, but is not limited to, the following activities to ensure payment of all reasonable charges:

- Activities to collect benefits directly from any insurance carrier obligated to provide benefits for services and supplies I have received
- Legal or other actions against any insurance carrier obligated to provide benefits if for any reason the insurance carrier fails to pay any benefits due
- Activities to recover attorney fees, legal assistant fees, costs, and any interest on fees and costs, for any legal or other action taken by **COSPT**.

This is an assignment of rights only, and is not a delegation of any of my duties under the subject insurance policy.

I agree to pay any co-payment or deductible not covered by the applicable personal injury protection, medical payments, or other insurance coverage.

I agree that to accomplish the activities described above, **COSPT** may hire any attorney it chooses to bring legal action against any insurance carrier obligated to provide benefits for services and supplies I have received, and that the attorney chosen may be different than any attorney I may have handling any claim I may have for personal injuries.

I have been given a copy of this assignment to retain for my records; I have read this assignment and I am satisfied that I fully understand the purpose and implications of executing this assignment and do so freely and voluntarily.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The undersigned, as authorized representative of **COSPT** accepts the assignment of benefits as set forth above.

Signature \_\_\_\_\_ Date \_\_\_\_\_