

**Mark L. Collins, PT, OCS**  
*Board Certified Specialist in  
Orthopedic Physical Therapy*



**PHYSICAL THERAPY**  
*& Rehabilitation Associates*

**(603) 497-8717**  
Fax: (603) 497-8711

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**Payment Responsibility**  
**Goffstown Physical Therapy**

**Worker's Compensation**

When verification of claim is received, we will submit claims to your Worker's Compensation carrier. Until final determination has been made, you may be asked to pay the charges and be reimbursed by the insurance company.

In order to bill your Worker's Compensation carrier we need to have your insurance information and any paper work (i.e., referrals, prescriptions, or managed care certifications) required by your insurance.

It is in your best interest to have a referral in place for your private health insurance in the event your Worker's Compensation claims are denied.

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I understand that I am responsible for any payment due at the time of each visit.  
This may include, but is not limited to  
co-payments, deductibles, or non-covered services. Additionally, I am responsible  
for knowing my insurance benefits and limitations.

I give my permission for Goffstown Physical Therapy to release medical  
information to my physician, insurance company, or attorney.

I authorize release of payment to Goffstown Physical Therapy for professional  
services rendered.

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Signature

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Date