



2700 S. Rochester Rd.  
Rochester Hills, MI 48337  
Phone: 248-212-0777  
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## Assignment of Benefits

### Physiatry and Rehabilitation Associates

I hereby assign payment in full to Physiatry and Rehabilitation Associates, Dr. Gabr's practice any remaining balance or other third-party benefits available to Physiatry and Rehabilitation Associates for health care services provided to me, once my case is settled with regard to Auto or Worker's Comp.

I also agree, and acknowledge that if my case is denied for any reason, or if a settlement is not reached, then I am still fully responsible for all payments due to Physiatry and Rehabilitation Associates.

I understand that Physiatry and Rehabilitation Associates has the right to refuse or accept assignment of such benefits.

Signature of Patient/Legal Guardian:

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Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_