

SCS
Southwest Therapy and Rehabilitation Services STARS

19015 Jodi Road Ste. A
Mokena, IL. 60448
Phone: (708) 478-1414
Fax: (708) 478-7786

Statement of Financial Responsibility and Assignment of Benefits

Name of Client: _____

I accept full financial responsibility for all therapy services provided to the the above-named client. I understand that, as a courtesy, SCS STARS will provide assistance to collect fees for services from my insurance company, Medicaid, or any additional payer sources. I further understand that it is my responsibility to have conducted a due diligence investigation prior to signing this Statement into whether therapy services rendered by SCS STARS will be covered by my insurance company, Medicaid, or any additional payer sources. SCS STARS makes no representations whatsoever regarding whether therapy services will or will not be covered by my insurance company, Medicaid, or any additional payer sources

I authorize the release of any medical or other information necessary to process any third party reimbursement claims for therapy services rendered by SCS STARS. I assign and transfer to SCS STARS any and all rights to receive any insurance benefits relating to my charges for services. I authorize my insurance company to issue to any agent of SCS STARS any and all information pertaining to my insurance benefits and status of claims by SCS STARS.

Signature of parent/guardian

Date