



Home Therapy, LLC

1730 Central Park Ave Ste. 3 Yonkers, NY 10710

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## Assignment of Benefits

I hereby authorize payment directly to Home Therapy, LLC of the insurance benefits otherwise payable to me by \_\_\_\_\_  
Name of Insurance Company

I understand I am financially responsible to Home Therapy, LLC for any charges not covered by this authorization.

Patient/ Insured's Signature

Date

Policy Number

Social Security Number