



Dragonfly Pediatric Therapy, Inc.
13003 Camden Circle SE
Huntsville, Alabama 35803
Phone: 256-797-6001

ASSIGNMENT OF PAYMENT FORM

Diagnosis: _____ Date of Birth: _____

Gaurdian's Name: _____

Primary Insurance Company: _____

ID#: _____ Group#: _____

Seconday Insurance Company: _____

ID#: _____ Group#: _____

Employer's Name: _____

I hereby authorize Sharon Y. Mandeville, OTR/L of Dragonfly Pediatric Therapy, Inc. to receive direct payment for therapy services rendered to my child.

Signed: _____ Date: _____