



HOPKINS CLINIC FOR PHYSICAL MEDICINE

**6231 - 66th Street North
Pinellas Park, Florida 33781**



TELEPHONE (727) 544 - 3330

FACSIMILE (727) 544 - 3221

**AUTHORIZATION TO OBTAIN PIP BENEFITS
PAYOUT INFORMATION**

NAME OF INSURER: _____

PIP POLICY NUMBER: _____

NAME OF INSURED: _____

DATE OF ACCIDENT: _____

I, _____ hereby authorize and direct
(Patient name)

(Insurance Company)

to send to **Hopkins Clinic for Physical Medicine at 6231 66th Street North, Pinellas Park, FL 33781** an accounting of payouts made under **all claims** submitted for payment under the above referenced policy relating to the automobile accident occurring on the above referenced date **as those payouts occur**.

Signature of Insured

Date Signed

Representative of Hopkins Clinic