



**ORTHOPEDIC  
& TMJ  
PHYSICAL  
THERAPY  
CENTER**

- TMJ/Jaw Disorders
- Headaches
- Painful Neck, Back & Extremities
- Coccyx/Tailbone Pain
- Posture/Ergonomics
- Stress management Skills
- Pregnancy Aches/Pains
- Urinary & Fecal Incontinence
- Pelvic Pain
  - Vaginismus
  - Vulvodynia
  - Interstitial Cystitis
  - Painful Intercourse

*Carol R. Conrades, P.T.  
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**Phone 503-777-6746  
Fax 503-777-0023  
hands-onhealthcare.com**

*9204 S.E Mitchell Street  
Portland, Oregon 97266*

**Authorization to Release Insurance Benefits Information**

Patient: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize:

\_\_\_\_\_ *name of insurance company*

To disclose information regarding my insurance coverage

Relating to Claim # \_\_\_\_\_

including specific Personal Injury Protection benefits and the remaining

of funds available on said claim to:

Orthopedic & TMJ Physical Therapy  
9204 SE Mitchell St.  
Portland, OR 97266  
Phone: (503) 777-6746  
FAX: (503) 777-0023

I further authorize \_\_\_\_\_ and its representatives to transmit this information to Orthopedic & TMJ Physical Therapy Center via telephone or fax communications. This authorization shall remain in effect until my account balance with ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER has been paid in full.

X \_\_\_\_\_

Signature

Date