



Coastal Spine and Rehab Center

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33544 •
Ph 813-373-5317 Fax 813-373-5314
13910 Fivay Rd. • #10 • Hudson, Florida 34667 •
Ph 727-862-3509 Fax 727-862-3500*

AUTHORIZATION TO OBTAIN PIP BENEFITS PAYOUT INFORMATION

Name of Insurer:
PIP Policy Number:
Name of Insured:
Date of Accident:

I, _____, hereby authorize and direct _____ to send to **Coastal Spine & Rehabilitation Center LLC** 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)

Address of Insured:

