

**ADVANTAGE PHYSICAL MEDICINE AND REHABILITATION, LLC**

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**Nelson Wong, M.D.**

**Inocencia Carrano, M.D.**

**Laureen Feller, N.P.**

*Board Certified, Physical Medicine & Rehabilitation*

*Board Certified, Physical Medicine & Rehabilitation, Spinal Cord Injury*

*Board Certified, Adult Nurse Practitioner*

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Advantage Physical Medicine and Rehabilitation, LLC., for services furnished to me by the provider. I authorized any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature of Patient:

Date: \_\_\_\_\_

I/We jointly and severally guaranty the payment of all sums due for services and supplies furnished by Advantage Physical Medicine and Rehabilitation, LLC., to and for the benefits of the above named patient, and I/we hereby assign to Dr. Wong and Dr. Carrano any and all rights which I/we may have to any insurance covering payments for the above mentioned services and supplies to the full extent of said charges. In the event that said insurance coverage is denied for any reason, or said charges are covered in part only, when I/we agree to pay any balance due thereon.

Signature of patient:

Date: \_\_\_\_\_