



11505 Palmbrush Trail, Suite #220  
Lakewood Ranch, FL 34202  
(941) 315-6182

**AUTHORIZATION FOR RELEASE OF BENEFIT AND BILLING INFORMATION TO KAIZEN TOTAL WELLNESS AND  
NOTICE OF INITIATION OF TREATMENT**

This signed form hereby authorizes the release of any benefit and billing information necessary for Kaizen Total Wellness to verify coverage, schedule, bill and collect for treatment of the patient (insured) listed below. This information shall include, but not be limited to the type of coverage, and amount of benefits available under the policy, and best estimate as to any unpaid claims against the remaining benefits.

Also, pursuant to Florida Statutes section 627.736(5)(c), please allow this to serve as formal notice of INITIATION OF TREATMENT of the patient listed below. Because this Notice is being provided to you within 21 days of my first examination of this patient, Florida Statues specifically provide that the time for billing claims for services rendered is extended from 35 days to 75 days before the postmark date of the statement submitted. Please make note of this in your bill processing system.

**Patient (Insured) Name:** \_\_\_\_\_

**Insured Name (if different from patient):** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**Adjusters Name:** \_\_\_\_\_

**Adjusters Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Signature of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Respectfully,

Jill Rose, DPT  
Kaizen Total Wellness

