

Assignment of Insurance Benefits

The undersigned hereby authorized the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

I, _____ hereby advise _____
(name of Insurance co.) to pay and hereby assign directly to _____
(name of the provider) all benefits, if any, otherwise payable to me for her services. I understand I am financially responsible for all charges incurred. I further acknowledge that any insurance benefits, when received by and paid to _____ (name of provider) will be credited to my account, in accordance with the above said assignment.

Signature of Subscriber

Date