

Release of Information for Insurance Payment

I authorize release of any information required to process claims submitted to Insurance carrier and permit photographic or other facsimile of this authorization to be used in place of the original. I hereby assign Rebecca Dwyer-Elias, LCS any psychological services benefits payment to which I or my insured dependent are entitled as a result of claims filed with my insurance. I understand this order does not relieve me of my obligation to any ineligible or disputed amounts or balance due after insurance payments.

I understand that I have the primary duty and obligation to pay Rebecca Dwyer-Elias for services notwithstanding any contract that I may have with any third party, be it insurance company, employer, union, government or the like.

Signature of Client _____ Date _____

Signature of Parent (If patient is a minor) _____