

**Christine A. Baser, R.N., Ph.D.**  
**A Professional Psychology Corporation**

**Assignment of Insurance Benefits and Release of Information**

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The undersigned hereby instructs

Name of Carrier \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Insured's Identification Number \_\_\_\_\_

to send the benefits allowable under my policy directly to:

Name of Psychologist

Address

I also hereby give my permission to the assignee to release to the insurance carrier any information necessary for the determination of benefits under my policy and information necessary for authorization of continued treatment. I also agree to pay any balance above the amount paid by my carrier up to the agreed-upon fee for services rendered.

A photocopy of this assignment shall be considered as valid as the original.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_