

Insurance Authorization

Assignment of Benefits:

I, the undersigned, have insurance with _____ and assign to Nancy Davis, Ph.D. all benefits, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Dr. Davis to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions. I, the undersigned, hereby authorize payment of medical benefits directly to Nancy Davis, Ph.D.

Signature of insured or responsible party: _____

Date: _____

Workman's Compensation

The Workman's Compensation System requires that you and/or your employer provide Dr. Davis with your claim number and all necessary information for her to process your claim. This will avoid any problems with your care delivery and claim processing. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Dr. Davis to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions.

Signature of insured or responsible party: _____

Date: _____

10/28/03