

MAPLEWOOD PSYCHOLOGY P.A.
LETTER OF ASSIGNMENT/INSURANCE INFORMATION

CLIENT NAME: _____

Responsible Party Name and Billing Address: _____
(Who pays the bill after insurance plan pays)

PRIMARY INSURANCE COVERAGE:

Policy holder's name: _____ date of birth: _____

Insurance company: _____

Identification number: _____

Policy holder's Social Security number: _____

Group, contract, or policy number: _____

Policy holder's Employer on this plan: _____

SECONDARY INSURANCE COVERAGE:

Policy holder's name: _____ date of birth: _____

Insurance company: _____

Identification number: _____

Policy holder's Social Security number: _____

Group, contract, or policy number: _____

Policy holder's Employer on this plan: _____

I hereby authorize Maplewood Psychology P.A. to furnish to my insurance company all information, which said insurance company may request concerning my present illness. I hereby assign to Maplewood Psychology P.A. the insurance proceeds to be credited against the total fee for services due on my account.

Client/Parent/Guardian Signature

Date

OFFICE USE ONLY:

_____ posted

LofA 6-2012