

DEBRA K. KRESCH, LCSW, LMFT, BCD
Individual Psychotherapy • Marriage & Family Counseling • 760 436-6892

ASSIGNMENT OF BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to Debra K. Kresch, LCSW, LMFT of any insurance benefits otherwise payable to or on behalf of the undersigned for professional services rendered.

Furthermore, I hereby assign any and all sums of money payable to me under the terms of any insurance policy, contract or other third party entitlement on account of the services rendered by Debra K. Kresch, LCSW, LMFT.

It is also understood that this authorizes Debra K. Kresch, LCSW, LMFT to retain my signature on file for all insurance claims submitted for subsequent services in compliance with the signature on file provisions of third party carriers. This assignment will remain in effect until revoked by me in writing.

I authorize the release of any medical or other information necessary to process the medical health insurance claim.

A COPY OF THIS AUTHORIZATION SHALL BE DEEMED AS VALID AS THE ORIGINAL

Signature of Responsible Person: _____

Relationship to Insured: _____

Date: _____

Signed: _____ Date _____

Debra K. Kresch, LCSW, LMFT CA Licenses: LCS 9095, MFC 16389