ROGER N. HESS, Ph.D.

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ASSIGNMENT OF INSURANCE BENEFITS (page 3 of 5)

The undersigned hereby authorize the release of any information relating to all claims for benefits on behalf of myself and/or dependants. I further expressly agree and acknowledge that my signature on this document authorizes my Psychologist to submit claims for benefits for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependant and that I will be bound by this signature as though the undersigned had personally signed the specific claim.

_____ _____hereby authorizes
Name of Insured

_____ to pay and hereby
Name of Insurance Company

assign directly to_____**ROGER N HESS, Ph.D.**_____ all benefits, if any, otherwise payable to me for services as described on the attached forms. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED. I further acknowledge that any insurance benefits when received by and paid to:

_____**ROGER N HESS, Ph.D.**_____will credit my account in accordance with the above said agreement. If my insurance policy has an unpaid deductible amount, I understand that I am responsible for all payments for services myself, until that deductible amount is equal to zero (0.00) or fully paid off.

_____ _____
Signature of Client Date

_____
Print Name

Signature of parent, guardian or authorized representative below if required.

Signed by:_____ _____
Date

Print Name:_____