

Assignment of Insurance Benefits

In consideration for services rendered or to be rendered, I hereby assign to Dr. Dwight Norwood, PhD, LICSW, all basic or other insurance benefits, including, without limitation, Medicare or Medicaid benefits, to cover such expenses. In connection with such assignment, Dr. Dwight Norwood, PhD, LICSW, is hereby authorized to contact my insurance carrier on my behalf and to obtain and all such information (including, without limitation, copies of any plans, contract, or other documents defining or otherwise limiting the scope of insurance coverage by such carrier) as may be necessary to process any insurance claims related to my treatment by him.

The undersigned certifies that he/she has read, understood and agreed to the foregoing, and is the patient or his/her representative.

Date	Signature of Patient or Person Granting Authorization on Behalf of Patient
------	--

Insurer: _____

Plan: _____

Group #: _____

ID #: _____ Birth Date: ____/____/____

Name of primary insured: _____

For office use

Verification of ID: Driver's license ____

Passport ____

Other: _____