

Insurance Claims

If you are filing claims with your insurance company, please sign below to: 1) authorize insurance benefits to be paid directly to me, Stephanie Nilsen, and 2) authorize me to release any information required to process your claims.

Client's or authorized person's signature

I authorize Stephanie Nilsen PhD to release to my insurance company any information that may be necessary to process this claim. I also authorize payment of medical benefits to Stephanie Nilsen, PhD for any psychological services rendered. I understand that I am financially responsible for any balance not covered by my insurance.

Signature _____

Date _____