

Deb Ross, LMFT
1234 Pearl Street, Ste.3
Eugene, Oregon 97401

Insurance Company

Employer

Membership #

Group #

Policy Holders Name

Policy Holders DOB

Relationship to Patient

Assignment of Benefits

I hereby assign all medical benefits include major medical benefits of which I am entitled, to include Medical, Private Insurance and any other plan to Debra Ross Therapy LLC. This assignment will remain in effect until revoked by me in writing. A copy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment

Signature _____

Date _____