Priscilla Brinkman, LCSW, FT
825 West State Street, Suite 118 Geneva IL 60134
630-471-2117
pbrinkmanlcsw@gmail.com

Assignment of Benefits / Agreement for Payment

I HEREBY AUTHORIZE payment to be made directly to Priscilla Brinkman of any insurance benefits covering my care. I understand as signee I am financially responsible to Priscilla Brinkman for all charges that are not covered by my insurance company.

I give Priscilla Brinkman permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account.

SIGNED: _____ Date:_____