

Jennifer S. Battaglino, LCSW

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(914) 315-4044 / Fax (914) 315-8266

Authorization to Bill Insurance

I request that Jennifer S. Battaglino, LCSW bill insurance carriers on my behalf for services rendered. I hereby assign the benefits payable by my insurance carrier(s) and request the payment be made directly to Jennifer Battaglino. I understand that I am responsible for any co-payment, deductible, and coinsurance amounts that apply. Returned checks are subject to additional fees.

I authorize the holder of medical and other information about me to release to Jennifer Battaglino and its agents, and/or other insurance carriers, any information needed to determine these benefits or benefits payable for related services and any information necessary to process this claim.

I understand and agree that I am responsible for all charges whether or not they are covered by the insurance. If payment denied on the basis of lack of eligibility, non-medical necessity or non-covered services, I am obligated to pay Jennifer Battaglino for those services.

DATE _____

Client Signature _____

Print Name of Client _____

Parent/Guardian Signature _____

Relationship to Client _____