

Comprehensive Therapy Services

858-457-8419

Mark G. Wiesner, Ph.D.

License #5996

Assignment of Insurance Benefits and Release of Information

The undersigned hereby instructs

Name of Carrier _____

Name of Insured _____

Policy/Group Number _____

Insured's Identification Number _____

to send the benefits allowable under my policy directly to:

Mark G. Wiesner, Ph.D.
5677Oberlin Drive Suite 106
San Diego, CA 92121-1740

I also hereby give my permission to the assignee to release to the insurance carrier any information necessary for the determination of benefits under my policy and information necessary for authorization of continued treatment. I also agree to pay any balance above the amount paid by my carrier up to the agreed-upon fee for services rendered.

A photocopy of this assignment shall be considered as valid as the original.

Patient Name _____

Patient Signature _____ Date _____

Witness _____ Date _____