

Mary Lou Devlin, LMFT
Psychotherapist
License #37377

ASSIGNMENT OF BENEFITS AUTHORIZATION

I have discussed with my provider the fees being charged for services rendered to me and I agree to pay all additional charges, which are not paid in full by assigned insurance.

I hereby authorize any insurance carrier with whom I have a policy to pay directly to Mary Lou Devlin, LMFT any benefits of any policies of insurance for services rendered to me by Mary Lou Devlin, LMFT.

Print name of Client

Signature of Client

Date

Signature of Mary Lou Devlin, LMFT

Date