Ned David Bratspis, M.A., LMFT, 6625 S Rural Road, Suite 111, Tempe, AZ 85283

HEALTH INSURANCE CLAIMS ASSIGNMENT

I authorize the release of any medical or other information necessary to process claims under my Insurance Plan. I also request payment of government benefits either to myself or to the party who accepts assignment, below.

I have been informed of the HIPPA policies of the professional office of NED DAVID BRATSPIS, MA, LMFT, APC, and understand them.

I authorize abovementioned and staff to use my PHI to secure authorizations for treatment and get claims paid. I am informed that abovementioned office uses the electronic clearing house "Office Ally" for purposes of HIPPA compliant billing.

INSURED OR AUTHORIZED PERSON'S SIGNATURE:
I authorize payment of medical benefits to NED DAVID BRATSPIS, MA, LMFT, APC for Individual or Group Therapy or Psychoeducational Training.

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SIGNATURE DATE