Mary Barry and Associates, LLC
15 Spinning Wheel Road
Suite 117
Hinsdale, IL 60521
(630) 654-8888

ASSIGNMENT OF BENEFITS

1. I authorize release of my treatment information to all my insurance companies.

2. I authorize medical benefits to be paid directly to **Mary Barry and Associates, LLC** for services rendered.

3. In the event the charges are not covered under my policy, I AGREE to pay **Mary Barry and Associates, LLC** for services rendered.

4. I understand that if I expect any portion of my bill to be reimbursed or paid by insurance or a prepaid health plan, it is my responsibility to ensure that **Mary Barry and Associates, LLC** has met my carrier's requirements.

5. I authorize use of this form on all my insurance submissions.

Signed: ____
Date: ____
Name of Subscriber: ____________________________________
Subscriber's Date of Birth: _______________________________
Subscriber's Social Security Number: __________________________
Home Address: ____
Home Phone Number: ______________Cell:___________________
Email address:

Name of Employer: _____________________________________
Adress of Employer: ____________________________________
Work Phone Number: ___________________________________
Name of Patient: ______________________________________
Patient Date of Birth: ___________________________________
Insurance Carrier: _____________________________________
Insurance Phone: ______________________________________
Insurance Claims Address: ________________________________
Annual Deductible:______ CoPay Amount:_____ # of sessions/amount per year:___

ID Number: ____
Group Number: _______________________________________
Referring Physician: ____________________________________