Steven M. Blankman, Ph.D.
Clinical Psychologist
License No. PSY 6963

21 11th Street
Arcata, California 95521
Telephone: (707) 826-1207

AUTHORIZATION FOR INSURANCE BENEFITS

Name of client_____

Name of PRIMARY INSURANCE CARRIER_____

Claims address_____

POLICYHOLDER: Name_____

Date of Birth_____ Telephone number_____

Address_____

Employer_____

Insurance ID no._____ Group no._____

Name of SECONDARY INSURANCE CARRIER_____

Claims address_____

POLICYHOLDER: Name_____

Date of Birth_____ Telephone number_____

Address_____

Employer_____

Insurance ID no._____ Group no._____

☐ I, _____, authorize payment of insurance benefits from the
(Name of Client or Policyholder)
companies named above to Steven M. Blankman, Ph.D. for all services provided by Dr. Blankman.

☐ I authorize the release to the above insurance companies and their pertinent business partners of any information necessary to determine benefits, process claims for Dr. Blankman's services, and administer the health insurance plan.

I certify that the above policies are my only health insurance coverage that would apply to services provided by Dr. Blankman.

_____ _____
(Signature of Client or Client's Parent) (Date)

_____ _____
(Signature of Policyholder) (Date)