

Mark D. Aron, Ph.D.  
263 Main St., Suite #304  
Old Saybrook, CT 06475

## ASSIGNMENT OF BENEFITS

I hereby direct my insurance company to pay Mark D. Aron, Ph.D., LLC for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy.

This is a direct assignment of my rights and benefits under this policy. I agree to pay any of said professional services charges including copays and or deductibles per my contract with the insurer. Payments are accepted in cash, check or credit/debit cards. Returned checks for insufficient funds carry an additional fee of \$25.00.

A photocopy of this assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case and to any insurance company, adjuster, attorney or primary care physician listed in registration involved in the case. I authorize the provider to initiate a complaint to the insurance commissioner for any reason on my behalf.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand insurance is a contract between my insurance company and me. I am responsible for any disputes between my insurance company regarding deductible, copayments, coverage charges and secondary insurances. Should my insurer not pay in a timely manner I agree to be responsible for all charges.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_