



JUDITH DEGRAZIA HARRINGTON, PH.D., HSPP
Licensed Psychologist | Clinical Neuropsychologist

ASSIGNMENT OF BENEFITS

I certify that I, and/or my dependent(s) have insurance coverage with _____,

and assign directly to Dr. Judith D. Harrington all insurance benefits, if any, otherwise payable to me for my services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Signature of Patient, Parent, Guardian or Personal Representative

Date

**We will be happy to file your claim to your insurance company. Insurance is the patient's responsibility. We will also verify benefits, but it will not be a guarantee of benefits.