



Virginia Celmer, IHM, PhD, LCDC
Licensed Psychologist
Licensed Chemical Dependency Counselor

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

Patient Name: _____

RELATIONSHIP TO POLICY HOLDER: _____

NAME OF POLICY HOLDER: _____

POLICY HOLDER'S Social Security Number: _____

POLICY HOLDER'S Date of Birth: _____

I, _____, enrolled under the _____
Insurance Benefit Plan, authorize and request said insurance company to pay
benefits tendered the patient identified above to:

Virginia Celmer, IHM, Ph.D., LCDC
5440 Babcock, Suite 110
San Antonio, Texas 78229

I understand that this authorization applies to those eligible charges submitted with the attached claim incurred in connection with services or supplies furnished only by or through the above provide, and does not constitute an authorization for assignment of future payments.

I also understand that the Benefit check and a copy of the Explanation of Benefits form will be mailed directly to the Assignee (Provider).

Date of Authorization

Signature of Insured

06/2015