

Inspiration Psychological Services

Instilling hope, promoting skills, & putting dreams into practice

Jacquelyn Williams, Psy.D.
Clinical Psychologist
PSY 21054 & 39562



ASSIGNMENTS OF BENEFITS AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I (name of patient or guardian) _____ hereby assign all medical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance or any other health plans to:

Jacquelyn T. Williams, Psy.D.
DBA: Inspiration Psychological Services

(805) 907-2778

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize the assignee to release all medical information, on behalf of dependents, necessary to secure payment from any insurance company or myself.

Signature of Subscriber or Dependent: _____

Date: _____

I understand that if an appointment is missed or canceled with less than 24 hours of notice, I am responsible for the full fee for the appointment.

I _____ authorize Jacquelyn T. Williams, Psy.D. to charge me for outstanding balances on my account due to late cancelations, and no show appointments.

Signature: _____

Date: _____