

ERIC B. SPIEGEL, PH. D.

LICENSED PSYCHOLOGIST

AUTHORIZATION OF INSURANCE BENEFITS
[Applies only to Aetna & Highmark Blue Shield subscribers]

Your signature is necessary in order for me to submit claims for services rendered directly to your insurance company on your behalf. Any applicable co-pay fees are still expected to be paid at the time of service.

I, the undersigned, authorize you to release the necessary information to my insurance company in order to complete payments for services. I understand that by signing below, I am authorizing my insurance company to pay you directly for services rendered.

Signed: _____

Date: _____