



Assignment of Benefits

I hereby instruct and direct _____ insurance company to pay by check made out and mailed to:

**My Kids Therapy
1166 Maryland Route 3 South, Suite 109
Gambrills, MD 21054**

If my current policy prohibits direct payment to this practice, I hereby also instruct and direct you to make the check to me and mail it as follows:

_____ [Patient's Name]
**C/o My Kids Therapy
1166 Maryland Route 3 South, Suite 109
Gambrills, MD 21054**

For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

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 to any insurance company, adjuster, or attorney involved in this case.

I authorize **My Kids Therapy** to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I have read, understand, and agree to My Kids Therapy's Assignment of Benefits.

Parent Name: _____ Signature: _____

Client's Name: _____ Date: _____