

Lisa A. Slapa, Psy.D.

NJ License # 3834

ASSIGNMENT OF INSURANCE BENEFITS

Guarantee of Payment

I, _____ authorize Dr. Lisa Slapa to release any health information related to all claims for benefits. I agree and acknowledge that my signature on this document authorizes Dr. Slapa to submit claims for services rendered without obtaining my signature on each and every claim.

I also authorize my insurance company to assign all benefits directly to Dr. Lisa Slapa. I understand that I am financially responsible for all charges incurred. I agree to guarantee payment for any charges (including but not limited to copays and deductibles) incurred that are not covered by my insurance company. Please note it is important to keep your scheduled appointment time, and that you may be billed for missed sessions or if you do not cancel at least 24 hours in advance. Insurance does not provide reimbursement for missed or cancelled sessions.

Patient Name

Signature of Subscriber

Date