NYC SPEECH-LANGUAGE PATHOLOGIST

475 White Plains Road, Suite 14, Eastchester, NY 10709
7 West 45th Street, Suite 401, New York, NY 10036

www.speechtherapynyc.net
Phone: (914) 236-3365 | Fax: (914) 236-3364

PATIENT AUTHORIZATION

Patient's Name: _____

I understand that I am financially responsible for all charges not covered by this authorization. I hereby authorize the release of medical information, pertaining to medical treatment as requested by my health insurance carrier or the health care financing administration and its agencies for determination of benefits coverage.

Patient or Authorized Signature: _____ Date: _____

Authorization to Pay Insurance Benefits

I understand that I am financially responsible for all charges not covered by this authorization. I hereby authorize payment directly to the above named NYC Speech-Language Pathologist P. C. or his/her billing organization, otherwise payable to me, but not to exceed the regular charges for the services provided.

Patient or Authorized Signature: _____ Date: _____