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ASSIGNMENT OF BENEFITS

I hereby assign all medical benefits to which I am entitled, including Medicare, private insurance and any other health plans to: Psychiatric Specialties and any of its providers.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand that I am financially responsible for all charges whether or not paid by said insurance.

I hereby authorize said assignee to release all information necessary to secure payment.

NOTICE AND ACKNOWLEDGMENT

I acknowledge that I have received a copy of the notice of Privacy Practices for Psychiatric Specialties.

Patient or personal representative

Date