

Krista Anderson Counseling

1710 N. 144 St., Omaha, NE. 68154-402-509-5180

ASSIGNMENT OF INSURANCE BENEFITS:

- I hereby authorize **Krista M. Anderson, MS, LIMHP** to release information necessary to process insurance claims relating to my treatment.
- I authorize my insurance company to pay directly to **Krista M. Anderson, MS, LIMHP** all benefits otherwise payable to me.
- I will be responsible for paying any copay that is required by insurance, prior to services.
- I will be responsible for all expenses related to treatment not paid under this plan(s).**

Client signature: _____ Date: _____

Guardian (if a minor): _____ Witness: _____