

Ellen Dudley MA, LPC, CRC
Licensed Professional Counselor
2018 Eastwood Rd. Suite 316, Wilmington, NC 28403
Phone: (910)344-0480 Fax: (910)344-0301

Insurance Company Assignment and Release:

I, the undersigned, do hereby assign directly to Ellen Dudley MA, LPC, CRC all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance for myself or any of my dependents. I hereby authorize release of all information necessary to secure payment of benefits. I authorize the use of my signature on all insurance claims submissions for myself or my insured dependants.

Signature _____ Date _____

Authorization for Treatment and Financial Responsibility:

I, the undersigned, do hereby give authorization to Ellen Dudley MA, LPC, CRC to evaluate, treat and test. I also accept full financial responsibility (regardless of insurance payment or non-payment) for all charges incurred by myself or any person(s) I am responsible for i.e.; minor child, foster child, grandparent, spouse, other. Account balances must be cleared (no balance due) prior to another appointment being scheduled unless prior arrangements have been made.

Signature _____ Date _____