

Marie W. Wood, Ph.D., Clinical Psychologist
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BILLING INFORMATION AND INSURANCE AUTHORIZATION

In order to control the cost of billing, it is requested that charges be paid at the time the service is rendered.

Authorization: I hereby authorize Marie W. Wood, Ph.D. and her office manager to furnish information to insurance carriers concerning my treatment, and I hereby irrevocably assign to Marie W. Wood, Ph.D., all payments for services rendered, when applicable. I understand that on occasion insurance companies may determine that services rendered were not reasonable or necessary despite the fact that they were prescribed and performed by a psychologist with my well being in mind. I understand that I am financially responsible for all charges whether or not covered by insurance. I authorize the release of pertinent information to my referring physician when appropriate

Signature of Client/Guardian

Date

Client/Guardian Name (printed)