825 Main St., Ste. 4
Westbrook, ME 04092
(207) 854-0406

Erica N. Green, LCSW
Clinical Social Worker

Insurance Release, Assignment of Benefits, and Fee Agreement

Client Name: _____ DOB: ___/ ___/ ___ SS# ____- ____- ____

I authorize the release of any medical or other information necessary to process this claim. I authorize payment of mental health/medical or government benefits to Erica N. Green, LCSW for any services provided to me. I understand that, if for any reason, my insurance will not pay for the services rendered to me or to the person for whom I am the legal guardian that I will be responsible for payment of the charge incurred.

I understand that if I am unable to keep my appointment, a 24-hour cancellation notice is required, and a charge may be made on all appointments broken without such prior notice.

Client or Authorizing Person's Signature: _____

Date: _____