

**EXTON BEHAVIORAL HEALTH & REHABILITATION, LLC**

766 WEST LINCOLN HIGHWAY • EXTON, PA • 19341

PHONE: (610) 873-2233 • FAX: (610) 873-2235

**Signature on File**

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**A.** I give this office permission to release any information obtained during examinations or treatment of this patient that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.

**B.** I understand that I am responsible for all charges, regardless of insurance coverage.

**C.** Assignment of benefits

I hereby assign medical benefits, including those from government-sponsored programs and other health plans, to be paid to the therapist/practice above. Medicare regulations may apply. A photocopy of this assignment is to be considered as good as the original.

\_\_\_\_\_  
Client's (or parent/guardian's) signature,  
indicating agreement to all of the statements above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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