

Release for Insurance Processing

I authorize David A. Raush, Ph.D., or his representative to release to my insurance company (or companies) information necessary to process my insurance claims and to release confidential information in the event of a review by my insurance company (or companies). I authorize David A. Raush, Ph.D., to accept assignment of benefits for the services he provided. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

Signature and date _____