

# Empower Counseling Center, PLLC

Anju Kaduvetoor Davidson, Ph.D.

Licensed Psychologist – TX 37709

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## Assignment of Benefits Form

Name of Insured: \_\_\_\_\_

Insurance I.D. Number: \_\_\_\_\_

I understand that my private insurance company may cover my treatment in part or entirely. I may be responsible for a deductible and/or co-payment amounts, which will be due at the time of service. I will call my insurance company for my responsible amounts. I will be able to make payments in cash, check, or credit card.

I hereby assign mental health benefits to which I am entitled to Anju Kaduvetoor Davidson, PhD, DBA Empower Counseling Center, PLLC. This applies for all insurance carriers, including Medicare, private insurance, and any other health/medical plan. This form will be kept on file.

I understand that it is my responsibility to report any changes in insurance coverage.

I authorize the release of any medical or pertinent information necessary to obtain these benefits to my insurance carrier, or any other medical entity for continued medical care.

I understand that I am financially responsible for any amount not covered by insurance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_