

Sven Schild, Ph.D.

Clinical Psychologist (Lic.#: PSY22339)

www.svenschild.com

SIGNATURE ON FILE

- **I authorize Dr. Schild to use my name on any and all claims or documents that relate to health insurance benefits for me and my dependents.**
- **I authorize release of any information related to any claims to all my Insurance Companies or other relevant parties.**
- **I understand that I am responsible for my bill and agree to pay all charges for services and items provided to me.**
- **I authorize Dr. Schild to act as my agent in helping me obtain payment from my Insurance Companies.**
- **I authorize payment of health benefits otherwise payable to me, directly to Dr. Schild.**
- **I permit a copy of this authorization to be use in place of the original signature.**
- **This “Signature on File” is valid for one year from the date indicated below.**

Signature of Beneficiary, Guardian, or Personal Representative

Medicare #
(if applicable)

Date

Please print name of Beneficiary, Guardian or Personal Representative

Relationship to Beneficiary