

**Melissa Morrison, MFT**

515 Court St, Ste 2A

Reno, NV 89501

(775) 848-8552

**Assignment of Benefits**

Client Name (Please Print Legibly): \_\_\_\_\_

I hereby instruct and direct \_\_\_\_\_ [Insurance Company] to pay by check made out and mailed to:

Melissa Morrison, M.F.T., PLLC. (“**Provider**”)  
515 Court St., Ste. 2A  
Reno, NV 89501

If my current policy prohibits direct payment to Provider, I hereby instruct and direct you to make out the check to me and mail it to Provider at the address named above.

**This is a direct assignment of my rights and benefits under this policy** for the professional expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered.

\_\_\_\_\_ (initial) This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

\_\_\_\_\_ (initial) A photocopy of this Assignment will be considered as effective and valid as the original.

\_\_\_\_\_ (initial) I also authorize the release of information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

\_\_\_\_\_ (initial) I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

\_\_\_\_\_  
Signature of Client/Claimant or Policy Holder      Date

\_\_\_\_\_  
Printed Name of Claimant or Policy Holder      Relationship to Client