



Insurance Release

I, the undersigned, certify that I (or my dependent) have insurance coverage with

_____ and am requesting that Dr. Angela Reiter, PsyD & Associates submit claims to my insurance company electronically as a courtesy to assist the responsible party in obtaining out-of-network reimbursement for services. I understand that I am financially responsible for all charges for services prior to the claim being submitted. I hereby authorize Angela Reiter, PsyD to release all information necessary to secure payment of benefits for the service. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date