

David Goldberg, Psy.D.

Licensed Clinical Psychologist
400 Office Park Drive #120
Birmingham, AL 35223
205-380-6304

INSURANCE INFORMATION

Insurance Company: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Insurance ID Number: _____

Group Number: _____

Customer Service Phone Number (on back of card):

Assignment and Release of Information

I authorize my insurance benefits to be paid directly to **Dr. David Goldberg**.

I acknowledge my financial responsibility for any non-covered services.

I authorize Dr. Goldberg to release any information necessary to process this claim.

Signature: _____ Date: _____

Printed Name: _____