Gelareh Solomon, Ph.D.
Licensed Psychologist PSY 26255
23440 Hawthorne Blvd. Suite 280
Torrance, CA 90505
(424) 262-5026

Assignment of Benefits

I hereby authorize Dr. Gelareh Solomon to submit billing to my insurance company in relation to my treatment with her and further authorize that payment relating to this treatment is hereby assigned to Dr. Gelareh Solomon. I understand that disclosure of confidential information may be required by my health insurance carrier of HMO/PPO/MCO/EAP in order to process the claims. I understand that only the minimum necessary information will be communicated to the carrier in order to process the claims.

Insurance Company:_____

Patient Name:_____Date:_____

Signature_____