

**Noushin Z. Verdi, LMFT**  
**Licensed Marriage and Family Therapist, 87587**  
**1460 Westwood Blvd. Suite 204**  
**Los Angeles, CA 90024**  
**323.206.6874**

**INSURANCE AUTHORIZATION FORM**

*If you choose to file your own insurance claims, I will provide you with a monthly statement that will facilitate the process.*

Should you wish that I file your claims on your behalf, most insurance companies require that you sign the following release. The release allows insurance companies to investigate claims to determine fraudulent billing. This is meant to protect consumers as well as the insurance company. Inquiries into your record based on this release are rare and are less concerned with the content of the record, and more concerned with whether or not care was provided as evidenced by the record.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*in below if you wish payments from insurance to go directly to provider, so that will only be billed for co-payments, deductibles, and non-covered services.*

**I authorize payment of medical benefits to Noushin Z. Verdi, LMFT for the provision of behavioral health services.**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_