Didi Hirsch
MENTAL HEALTH SERVICES

Insurance Authorization and Assignment of Benefits

I hereby authorize the **Didi Hirsch Mental Health Services** to release the information requested on the attached insurance claim form.

Date: _____ Signature: _____

I hereby assign and authorize payment of all benefits directly to the **Didi Hirsch Mental Health Services**.

Date: _____ Signature: _____

Notice to insurer: Please make all checks payable to Didi Hirsch Mental Health Services and mail to the address indicated on the claim form.

Federal Tax I.D. Number: 95-1816023

For inquiries contact the billing office:

Contact Person: Amanda Sanchez

Telephone Number: (310) 390-6612