

**Elizabeth Bias, Psy.D.**  
**Licensed Psychologist PSY 16873**  
**2819 Crow Canyon Road, Suite 219A, San Ramon, CA 94583**  
**925-275-2797**

**Insurance Release and Payment Assignment Agreement**

**I authorize the release of any medical or other information necessary for Elizabeth Bias, Psy.D., to process my insurance claims, and I authorize payment of medical benefits to Elizabeth Bias, Psy.D., as indicated on the billing statements, for services rendered by her.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date