



RGM PSYCHOTHERAPY RESOURCES, INC.

2555 S. Dixie Hwy • Suite 106 • Kettering, OH 45409
Phone: (937) 298-6363 Fax: (937) 298-6399

Raymond Messer, MSW, LISW

ASSIGNMENT OF BENEFITS STATEMENT

Patient Name: _____

Insured Name: _____

Insured SSN/ID Number: _____

I hereby instruct and direct the _____
Insurance Company to pay by check made out and mailed directly to: RGM Psychotherapy Resources,
Inc., Raymond Messer, MSW, LISW, 2555 S Dixie Highway, Suite 106, Kettering, OH 45409
for professional or medical expense benefit allowable and otherwise payable to me under my current
insurance policy as payment toward the total charges for professional services rendered. THIS IS A
DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not
exceed my indebtedness to the above mentioned assignee and I agree to pay in a CURRENT manner,
any balance of said professional service charges over and above this insurance payment.

A photocopy of the Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster
or attorney involved in this case.

Patient or Responsible Party _____
Signature Date

Witness _____
Signature Date