KARIN A. CONNELLY, PH.D.
CLINICAL PSYCHOLOGIST
NYS Lic# 012496
(845) 750-0476

9 Ava Maria Drive
Phoenicia, NY 12464

Assignment of Benefits

Name of Beneficiary: _____

I request that payment of authorized benefits be made on my behalf to Dr. Karin A. Connelly for services furnished to me by Dr. Connelly. I authorize any holder of medical information about me to release to _____ and its agents any information needed to determine these benefits payable for related services.
(insurance company)

Signature: _____ **Date:** _____