p 410.863.7213 f 410.987.3154 www.pdgrehab.com
1110 Benfield Blvd, Suite B, Millersville, MD 21108

Service Policies and Procedures Acceptance
Payment Authorization Form

I hereby affirm that I have read and understand the policies and procedures of services and operations of PDG Therapeutics, including the right to share information and coordinate services with my primary care physician, psychiatrist, therapist and any agency involved with my treatment, including the Maryland Public Mental Health System (PMHS), Department of Health and Mental Hygiene (DHMH), Baltimore Mental Health System (BMHS), Anne Arundel Mental Health Agency, State Administrative Service Organizations, Private Insurance Agencies/Carriers, payers or for the purpose of collecting payment for services rendered, defending the agency, staff, representative or agent, in a legal litigation, arbitration or dispute of any kind, etc. and authorize payment of fees by my Medical Insurance Provider and/or payer to PDG Therapeutics for services rendered. This includes the completion of all paper (1500 Insurance Claim Form) and Electronic Claims submitted by PDG Therapeutics through a HIPAA approved billing company to bill and collect from my insurance company for payment of my services.

X _____

Printed Name

X_____

Client Signature **Date**