

Stacey J. Nyman, LPC
Well Being, LLC

SIGNATURE ON FILE

I authorize the release of any medical or other information necessary to process claims for services provided by Stacey J. Nyman, LPC and Well Being, LLC. I also request payment of benefits to either myself or the party who accepts the assignments.

SIGNATURE

DATE

I authorize payment of medical benefits to Stacey J. Nyman, LPC, and Well Being, LLC for services described on claim forms.

SIGNATURE

DATE

I authorize credit card charges to Stacey J. Nyman, LPC and Well Being, LLC for payment of counseling services rendered.

SIGNATURE

DATE