
**RANDI HERMAN-ROGGEMAN, MC
LICENSED PROFESSIONAL COUNSELOR
NATIONAL CERTIFIED COUNSELOR
REGISTERED PLAY THERAPIST & SUPERVISOR**

**ASSIGNMENT OF BENEFITS/AGGREEMENT TO PAY FOR
TREATMENT**

I agree to pay any assessed fees for services received by me or the person for whom I am guaranteeing payment. I authorize payment to be made directly to Randi Herman-Roggeman, MC, LPC, NCC, RPT-S and assign benefits for treatment services from any third party coverage. I authorize payments without obtaining my signature on each claim submitted and I will be bound by the signature as though I personally signed the claim. I also authorize the release of any medical information necessary for billing and authorization purposes. I understand that I am responsible for all charges, whether it be a co-pay or payment in full, at the time services are rendered. If this account should be referred to a collection agency, I will be responsible for any collection and/or legal fees incurred.

If you need to cancel an appointment, please do so at least 24 hours in advance. I understand that I will be charged the full appointment fee of \$100.00 for all missed appointments not canceled according to this policy.

Client Signature

Date