



EVANS COUNSELING

Helping you to find your inner empowerment.

Release of Information for Insurance Billing

Name of Client: _____

Client Date of Birth: _____ **Client SS#:** _____

Name on Policy: _____

Policy Holder Date of Birth: _____ **Policy Holder SS#:** _____

Name of Insurance Company: _____

ID Number: _____

Group Number: _____

I request that payment of authorized insurance benefits be made on behalf of Evans Counseling for any services furnished. I authorize Evans Counseling and their billing agent to release any information pertinent to processing a claim to the insurance provider.

Signature Date

Spouse Signature Date

Parent/Guardian Signature Date