



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