

Preferred Provider Organization (PPO) Insurance Agreement - MINOR

I. Client

Last Name	First Name
Date of Birth	SSN
Address	
City/State/Zip	
Phone #1	Phone #2

II. Subscriber (If different than Client)

Last Name	First Name
Date of Birth	SSN
Address	
City/State/Zip	
Phone #1	Phone #2
Relationship to Client	

III. Insurance Information

Insurance Carrier	Employer	
Identification Number	Group Number	Plan Code

I understand that my insurance, as listed above, is the contract under which I am covered. I am aware that if the above is not true, I or my Authorizing Party agree(s) to pay in full all such charges incurred with SUNNY M. MUELLER, LPCC.

Client Name (PRINT)	
Authorizing Party (PRINT)	
Authorizing Party (SIGN)	DATE

- Reason for Authorizing Representation:
- Client is a minor
 - Client is deceased
 - Other: _____

- Type of Authorizing Representation:
- Parent
 - Legal Guardian
 - Estate Representative
 - Other: _____

Sunny M. Mueller, LPCC	DATE
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