

Insurance Authorization - ADULT

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 or my insurance denies service/payment coverage in part or in full, I or my Authorizing Party agree(s) to pay in full all charges incurred with SUNNY M. MUELLER, LPCC to SUNNY M. MUELLER, LPCC.

Client (PRINT)

Client (SIGNATURE) DATE