Sunny M. Mueller, LPCC

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CALIFORNIA LPCC#610

Insurance Authorization - MINOR

I. Client

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

II. Subscriber

Last Name	First Name	Date of Birth
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 the insurance, as listed above, is the health contract under which the minor is covered. I am aware that if the above is not true or the insurance denies service/payment coverage in part or in full, I, as the Authorizing Party, agree to pay in full all charges incurred with SUNNY M. MUELLER, LPCC to SUNNY M. MUELLER, LPCC.

Client Name (PRINT)

Authorizing Party (PRINT)

Authorizing Party (SIGNATURE) DATE

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

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