

**CLIENT RELEASE OF AUTHORIZATION FOR HEALTH INSURANCE**

I, \_\_\_\_\_, hereby authorize Owen Bolton, LMSW, ACSW, to obtain and/or release information about my health insurance plan: \_\_\_\_\_.  
For the purposes of verification of benefits and financial reimbursement for psychotherapy this clinician will and has provided for me. I consent for Owen Bolton, LMSW, ACSW, to release the following information listed below:

- |                            | Yes   | No    |  | Yes   | No    |
|----------------------------|-------|-------|--|-------|-------|
| 1. Name .....              | _____ | _____ | 7. The Insured's Name .....              | _____ | _____ |
| 2. Address .....           | _____ | _____ | 8. The Insured's Date Of Birth .....     | _____ | _____ |
| 3. Phone .....             | _____ | _____ | 9. The Insured's Social Security # ..... | _____ | _____ |
| 4. Date Of Birth .....     | _____ | _____ | 10. The Insured's Address .....          | _____ | _____ |
| 5. Social Security # ..... | _____ | _____ | 11. The Insured's Phone .....            | _____ | _____ |
| 6. Diagnosis .....         | _____ | _____ | 12. Secondary Health Insurance .....     | _____ | _____ |

Please make sure you have checked yes for the twelve items above, or I will not be able to file your Health Insurance claim.

I, \_\_\_\_\_, understand that by signing this release of information regarding my health insurance I am giving my consent for this informational exchange to occur between this provider and my health insurance. I further understand that by signing this document that my signature will represent my "Signature On File" for the purpose of filing health insurance claims.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Date

**Please Be Advised** : As the client you are ultimately responsible for any fees that you accrue for services here. As the provider I would prefer that you speak directly to me about any issues regarding this matter. I am sure we can work something out for the services provided.