

Beauty for Ashes Counseling Center
Renee' Lister, LPC
515 North Cedar Ridge Drive
Suite 7-E
Duncanville, TX 75116
214-417-8706

Insurance Authorization

The following is required to file health insurance forms for client reimbursement.

- I authorize the use of this form on all my insurance submissions.
- I authorize the release of information to all my insurance companies.
- I understand that I am responsible for my bill, not my insurance company.
- I authorize my therapist to act as my agent in helping me obtain payment from my insurance company.
- I permit a copy of this authorization to be used in place of the original.
- I authorize payment to be made directly to the insurance holder.

Signature on File

Name _____
Please print

Signature _____ date _____

Employer Information
(We do not release information to employers, only to insurance companies. This information is need for processing insurance claims only.)

Employer Name Address

Human Resources Direct Phone Number Contact Name

Insurance Company Name Address

Insurance phone number Employee ID #

Name of Insured Effective Date Insurance Group #