

Charles Shipley, MA. LPC, WY #424
Roxy Hart, MS, LPC, WY #552
Dee Smidt, MS, LPC, WY #1316
Kim Ripley, LCSW, WY #845

Insurance Release of Information

I authorize Life Strategy Center, LLC to furnish to my insurance company or 3rd party payment source, statements disclosing mental health and/or substance abuse diagnosis, dates and types of services rendered and other information required for insurance or 3rd party purposes related to this claim. I authorize the release of any information necessary to process the insurance or 3rd party claim. I understand that if any insurance company or 3rd party will not cover the above services or problems, that are applicable in my treatment or that of my ward, I am financially responsible to Life Strategy Center, LLC, for full payment of services rendered.

I authorize payment of the benefit directly to Life Strategy Center, LLC

Client

Client's Date of Birth

Client's Address

Client's Telephone Number

Policy Holder or Responsible Party (if different than client)

Policy Holder's or Responsible Party's Employer

Policy Holder's or Responsible Party's Date of Birth (if different than client)

Policy Holder's Identifying Number

Insurance Company

Group Policy Number

Insurance Company's Mailing Address

Insurance Company's Telephone Number

Client's Signature or Responsible Party

Date

OFFICE USE

Diagnosis

Date: _____ Effective Date
of Coverage: _____

Deductible: _____ Deductible
Met to Date: _____

Coverage: _____
Billable _____

Co-Pay: _____ Co-Insurance: _____

Units: _____ Visits/Year: _____

Maximums: _____

Comments/Other: