



293 Byrd Mill Road • Louisa, VA 23093 • Phone 540-223-0837 • Fax 540-967-2648

PERMISSION TO BILL INSURANCE

Client Name: _____

Client Date of Birth: _____

Subscriber's Name: _____

Subscriber's Employer: _____

Insurance Co. Name: _____

Insurance ID #: _____

Insurance telephone #: _____

Is this the only insurance this client has? YES NO

If not, please include second insurance information.

I authorize the release of any medical or other information necessary to process claims for myself and/or my child with my insurance company(ies).

I authorize payment of benefits to the provider listed below:

Aleta E. Strickland
Licensed School Psychologist
Cedar Row Farm, LLC

Signature: _____

Date: _____