



111 N. WOODLAND DRIVE STE B
RADCLIFF, KY 40160
(270) 807-0533

Restore, Recover, Transform, Together!

Payer Release of Information

I authorize the release of information to my insurance carrier(s) necessary to process my claim. I authorize my insurance company to pay benefits to 31:2 Counseling Group, LLC, 111 N. Woodland Drive, Radcliff, KY 40160 (Tax ID# 83-4336809). I further agree to pay all non-covered expenses in accordance with 31:2 Counseling Group, LLC policies. I agree that a reproduced copy of this authorization is as valid as the original.

Client/Guardian Signature/Relationship

Date

Printed Name

Charles Lewis, LCSW (Therapist/Owner)

Date

Medicare Certification

- I am
 I am Not

Covered by Medicare. I certify that the information given by me in applying for coverage under Title XVIII of the Social Security Act is Correct.

Client/Guardian Signature/Relationship

Date

Printed Name

Charles Lewis, LCSW (Therapist/Owner)

Date