



Date: _____

To whom it may concern:

My name is _____ I am the insurance policy holder of this insurance (name) _____ and my child/partner _____ is authorized to use/authorize treatment services for _____. My signature below is authorizing that my insurance policy can be billed for any such treatment via the Innovative Counseling Partners, LLC group practice.

Policy number: _____

Group number: _____

Sincerely,
