



Consent to Health Insurance Verification

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I _____ consent to Healing Things accessing my demographic and health insurance information (or that of my dependent) to determine my cost share amount.

Name of Client

Date of Birth

Address

Insurance Carrier

Member ID #

Group #

EAP #

Signature of Client or Personal Representative

Date

Description of Personal Representative's Authority