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Authorization to Bill Insurance

I, \_\_\_\_\_, hereby give my consent for Jason Lavalle, LICSW to bill my insurance carrier for the services rendered to me by the above-mentioned provider. In addition, I agree to pay Jason Lavalle, LICSW any deductible or uncovered charge in accordance with my health care plan.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_