



2700 Westhall Lane, Suite 110 • Maitland, FL 32751 407-475-1025 • 407-475-1027(fax) Julie@JulieEmmer.com www.JulieEmmer.com

Insurance Release of Information Consent

Patient Information

Name _____

Date of Birth ____/____/____ Social Security Number: _____

Insurance Company: _____



Primary Policy Holder: _____

Date of Birth ____/____/____ Social Security Number: _____

Address _____

Relationship to Patient Self Spouse Dependent Child Other

Policy Number _____

Group Number _____

Group Name or Employer _____

Authorization Number (if applicable) _____

I authorize _____ to release to and receive information from the above identified insurance company. The purpose of releasing/exchanging information is limited to filing claims for services rendered.

Patient Signature or Parent/Guardian

Date

Witness

Date