



CENTER FOR
VITALITY AND BALANCE

INSURANCE AUTHORIZATION

Psychotherapy

I hereby authorize the **Center for Vitality and Balance, LLC**, to furnish my insurance company all information which the insurance company may request concerning my present diagnosis. I hereby assign to **Center for Vitality and Balance, LLC** all monies to which I am entitled for expenses relative to the services received. I understand that I am financially responsible to the Center for Vitality and Balance, LLC for charges not covered by the assignment.

CLIENT SIGNATURE _____ DATE _____