

INSURANCE-AGREEMENT AND RELEASE

I undersigned certify that I (and/or my dependents) have insurance coverage with

_____ Policy # _____

and that I assign directly to Cove Counseling all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize, Cove Counseling to release any information necessary to secure the payment of benefits. I authorize this signature on all insurance submissions.

(Signature)

(Date)

(SS#)