

**Margaret Rhee, LCSW
NPI # 1174722953
301 W. Weaver St.
Carrboro, NC 27510
919-824-3610**

Insurance Authorization Form

Card Holder Name _____
Other family members covered by plan:

Patient Authorization

I authorize payment of medical benefits to Margaret Rhee, LCSW for services rendered.

This authorization shall remain for any service provided pursuant to consent for treatment and my agreement to submit claims to my insurance provider.

Client _____ Date _____

Cardholder _____ Date _____

Insurance Information

Insurance Company _____
Identification Number _____
Group # _____
Authorization for benefits phone # _____

Authorization to Release Patient Information

Margaret Rhee, LCSW is authorized to permit Insurance Company _____
Representatives or agents to obtain or review records pertaining to the examination, treatment,
history, and medical expenses of the client _____.

I understand that this information may be used to review concurrently and retrospectively the
medical necessity and appropriateness of services provided and to determine the value or
amount payable on all claims submitted.

The patient is entitled to receive a copy of this authorization on request. A photocopy of this
signed form shall be valid as the original.

Cardholder or spouse Signature _____ Date _____