Jill Rubin, LCSW | Psychotherapist & Relationship Coach

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SIGNATURE ON FILE

- I authorize the use of this form on all my insurance submissions
- I authorize release of information to all my insurance companies
- I understand that I am responsible for my bill
- I authorize Jill Rubin, LCSW to act as my agent in helping me to obtain payment from my insurance companies
- I authorize direct payment to Jill Rubin, LCSW
- I permit a copy of this authorization to be used in place of the original

Printed Name		
Signature	Date	