5960 Fairview Road, Suite 300
Charlotte, NC 28210
Tel: 704-441-8715
www.autism-180.com
info@autism-180.com

Authorization to Bill for Services

I authorize Autism180 LLC to bill my insurance company for medical services rendered and to receive payment directly from my insurance company and I consent to the release of medical information necessary to process any insurance claims. A copy of this authorization may be used in place of the original. I also consent to the release of medical information to other physicians who participate in my child's treatment. I agree to update my insurance information on file with Autism180 LLC. In the event that I fail to provide updated insurance information, then I will be responsible for payment to Autism180 for the cost of services at Autism180's service rates.

Name:

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Signature:

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