



Lewis & Evans, LLC
6457 Reflections Dr., Suite 120
Dublin, Ohio 43017
614-792-1108

By signing this document you are authorizing your clinician, Reflections Health & Wellness, and and/or authorized claims processing and billing personnel to release information about you to your insurance company as necessary for billing purposes. You are also authorizing payment to be sent directly from your insurance company to Reflections Health & Wellness. By signing this you are confirming that you understand that you are responsible for payment of any balance or co-pay not covered by your insurance.

By signing this document you are confirming that you have been offered the Notice of Privacy Practices, and any questions you have regarding this have been answered to your satisfaction.

By signing this document you consent to treatment provided by a Reflections Health & Wellness clinician, and you certify that you have read the Informed Consent for Participation in Treatment and understand its contents. By signing this document you are also indicating that you agree to the provisions set forth in the Informed Consent for Participation in Treatment and in the Notice of Privacy Practices. You also certify that you are signing this voluntarily and have had the opportunity to have any questions answered to your satisfaction.

Printed Name

Signature

Date

Clinician's Printed Name

Clinician's Signature

Date