

Jane C. Woodward, LICSW

**2 Franklin St.
Exeter, NH 03833
(603) 312-1206**

I am requesting therapy services from Jane C. Woodward for (circle one) myself my child, named _____.

Client/Guardian Signature _____ Date _____

I assign payment of my insurance benefits made payable to Jane C. Woodward.

Client/Guardian Signature _____ Date _____

I authorize Jane C. Woodward to release the amount of information necessary to my insurance company, to prove medical necessity, and access benefits.

Client/Guardian Signature _____ Date _____

In the event of nonpayment on my account, I authorize Jane C. Woodward to release the information necessary to refer my account to a collection agency.

Client/Guardian Signature _____ Date _____

In the event of an emergency, I authorize Jane C. Woodward to contact:

Name _____ Phone number _____

Client Date of Birth _____

Client Home Phone _____

Client Address _____
