Caroline LaRosa, L.C.S.W.
1425 South Howard Avenue
Tampa, FL 33606
(813) 368-2947
License #- SW 7674

Insurance Authorizations

Name of Primary Insurance Company _____

Insurance ID number _____

Primary Insurance Address _____

_____

Name of Secondary Insurance Company _____

Insurance ID Number _____

Secondary Insurance Address _____

_____

- It is your responsibility to initially verify your insurance coverage. If I have a contract with your insurance company I will file the claim but responsibility lies with you to ensure that it is paid. I accept the following insurance: BayCare.
- I authorize the release of any medical or other information necessary to process this claim I also request payment of government benefits either to myself or to the party who accepts assignments below.

_____ _____
Client/Parent Signature **Date**

- I authorize insurance payment of medical benefits to Caroline LaRosa, LCSW for professional services rendered.

_____ _____
Client/Parent Signature **Date**