THE COUNSELING CENTER

Authorization to Appeal Claims

In the event that my insurance underpays or does not pay for services per the terms of any subscriber agreement, I authorize The Counseling Center to file appeals with The Insurance Department and/or my insurance company on my behalf.

_____ _____

Print Name **Date**

_____

Signature

_____

Witness

authtoappealclaims/nt/d

One Main Street • Nashua, New Hampshire 03064 • 603-883-0005 • Fax 603-883-0007
697 Union Street • Manchester, New Hampshire 03104 • 603-627-3111 • Fax 603-883-0007
234 Lafayette Road • Hampton, New Hampshire 03842 • 603-436-0032 • Fax 603-883-0007