

**Kevin Lemieux Counseling Services**  
**Kevin Lemieux, LPC**  
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541-687-9674 • KevinLemieuxCounseling.com

**Insurance Information**

Insured's Name: \_\_\_\_\_

Relationship to Insured: Self \_\_\_ Spouse \_\_\_ Child \_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Office use only: Axis Code \_\_\_\_\_ Billing Code: \_\_\_\_\_

**ASSIGNMENT OF INSURANCE BENEFITS**

In the event that this office will be billing my insurance, I hereby authorize payment directly to the Provider of Service for benefits due for myself or my dependent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_