

# Early Childhood Wellness Place

520 Zang St. Suite 212, Broomfield CO 80021

Office Main: 303-460-3881

Fax: 303-460-7850

[www.EarlyChildhoodWellnessPlace.com](http://www.EarlyChildhoodWellnessPlace.com)

## **AUTHORIZATION TO FILE A CLAIM**

I authorize Early Childhood Wellness Place to file claims for services to my insurance plan for reimbursement. I request that Early Childhood Wellness Place furnish any and all information my insurance may require from my record in order to process such a claim.

Signature of Parent/Guardian: \_\_\_\_\_

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

---

## **ASSIGNMENT OF BENEFITS**

I authorize payment of benefits from my insurance plan to be paid directly to Early Childhood Wellness Place. Which will be credited to my account. I also understand that I am financially responsible for copayments, coinsurance amounts, deductibles and any non covered service by my insurance company.

Signature of Parent/Guardian: \_\_\_\_\_

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