

WOODLAND CENTERS
1125 6TH STREET SE
P O BOX 787
WILLMAR, MN 56201

Client Name: _____ DOB: _____ CASE # _____

I have checked this box to show I have been told the information listed below is available for my review at www.woodlandcenters.com.

OR

I have checked this box to show I have received the items checked below

- My Responsibilities and Rights
- Notice of Privacy Practices
- Fee and Payment Brochure

I am requesting services at Woodland Centers. I understand the following statements:

- Woodland Centers may send to my insurance company any information that is needed for them to determine payment for services.
- I give my insurance company permission to send payment directly to Woodland Centers.
- I may apply for a reduced fee if I live in Chippewa, Kandiyohi, Lac qui Parle, Meeker, Renville, or Swift County.
 - To apply for a reduced fee, I will give Woodland Centers information on my family size and verification of my gross income within 30 days.
- I am financially responsible for my bill.

Signature _____ Date _____

Relationship to Client _____

AUTHORIZATION FOR SERVICES

Office use only:

Staff _____

Received Date _____

Scanned Date _____