



## Wolseley Wellness Centre

### Direct Billing Application and Assignment of Benefits

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#### *Client Information*

Name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

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#### *Insurance Information*

Insurance Provider: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ / \_\_\_\_\_

Covered as: Member / Spouse / Dependent (*please circle one*)

Name of Policy Holder (*if not covered as member*) \_\_\_\_\_

Secondary Insurance Provider (*if applicable*) \_\_\_\_\_

Notes: \_\_\_\_\_

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It is understood that this direct billing option is provided as a free service by The Wolseley Wellness Centre (herein called "WWC"), and that the client represents that the insurance policy is valid and in good standing, and he/she has not exceeded the specified limits of coverage at the time of the service being provided.

The client does hereby assign his/her benefits payable for eligible services provided by a registered practitioner to WWC and, provided the claim is approved by the insurance carrier, the client hereby authorizes payment directly to WWC. The client authorizes WWC and the insurance carrier, or their authorized agents, to use the information collected from him/her for the purpose of processing any benefits payable under any insurance plan.

The client agrees that, if the insurance carrier listed above declines for any reason to cover the cost of the services provided by their registered practitioners, whether in whole or in part, the client remains fully responsible to pay WWC for the outstanding balance, and that WWC has authorization to charge any credit card provided with this application for any balance owing.

WWC reserves the right to refuse or discontinue direct billing on behalf of the client at any time.

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\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date