

The Center for Learning and Psychological Services



*6658 Gunpark Dr Suite 201
Boulder CO 80301*

Understanding of Insurance

I hereby acknowledge and understand that, although The Center for Learning and Psychological Services may have provided me with information concerning my insurance benefits and coverage for services provided, I am ultimately responsible for investigating and understanding those benefits and coverage. I further understand that I am responsible for payment of all services I have requested and have been provided to me by The Center, regardless of insurance benefit coverage.

Print Name

Signature

Date