

Children's Integrated Services Early Intervention Financial Assistance Request

Please provide the following information so that we may process your request for financial assistance:

Parent/Guarding Name(s) _____

Mailing Address: _____

Child's Name: _____ Child's DOB: _____

Please list below:

- The service you are requesting EI financial support, for example Occupational therapy, Physical therapy, nutrition services etc.
- Frequency: how often? Weekly, bi-weekly, monthly etc.
- The amount of the co-pay per visit or the amount to be applied toward your deductible that you are requesting financial assistance with.

Requesting financial assistance for the following services:

Service	frequency	Co-pay (per visit) or annual deductible amount

Parent Signature: _____ Date: _____

- Your provider will submit an invoice to CIS/Early Intervention for any insurance co-pays on the services your child receives. If you as a parent receive any invoices from your child's provider, please mail or fax them to the address below. You are not responsible for any additional charges for your child's approved services.
- Your provider will submit an invoice to CIS/Early Intervention for the services your child receives when your insurance company denies payment because your deductible has not met. The charge for the service will get applied toward your deductible but the payment for the service will be come from CIS/Early Intervention. If you as a parent receive any invoices from your child's provider, please mail or fax them to the address below. You are not responsible for any additional charges for your child's approved services.

CIS-Early Intervention
Attn: EI Invoicing
NOB 1 North, 280 State Drive
Waterbury, VT 05671-1040