

Attention: _____

Subject: REIMBURSEMENT FOR SERVICES – PAY ASSIGNED TO INSURED PARTY

Child's Name: _____

Child's Insurance Identification Number: _____

Dependent of Policy Holder: _____

Date: _____

From: _____

Company Affiliated with Insurance Policy: _____

Policy: _____ Group: _____

To Whom It May Concern:

This submission of information is in support of reimbursement for an informal Psychological Assessment (CPT code: 96110) rendered at the Carruth Center on _____, 200____. This assessment was rendered by: _____.

Enclosed are the following items for review:

- Cover letter requesting reimbursement support
- The Health Insurance Claim Form

Texas state laws recognize and support the benefits of early and intense intervention. We too believe our child will achieve maximum potential with this intense intervention at the Carruth Center. Please review the enclosed items submitted for reimbursement and know that this intervention is critical for our child.

REIMBURSEMENT SHOULD BE DESIGNATED TO THE INSURED MEMBER AS THE SERVICES RENDERED WERE FEE FOR SERVICE. PLEASE MAKE CHECK PAYABLE

TO: _____

Kind Regards,
