

Attention: _____

Subject: Reimbursement of Services

Child's Name: _____

Child's Insurance Identification Number: _____

Date: _____

From: _____

Company Affiliated with Insurance Policy: _____

Policy: _____ Group: _____

To Whom It May Concern:

This submission of information is in support of reimbursement for GROUP SPEECH THERAPY Services rendered at the Carruth Center during the month of _____, 200__.

My child, _____, attends GROUP SPEECH THERAPY sessions _____ times per week for a total of _____ hours a week. This is billable with CPT code: 92508 – Group SPEECH Therapy.

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.

Kind Regards,
