

**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 INDIVIDUAL SPEECH THERAPY Services rendered at the Carruth Center during the month of \_\_\_\_\_, 200\_\_.

My child, \_\_\_\_\_, attends INDIVIDUAL therapy sessions on \_\_\_\_\_ for \_\_\_\_\_ minutes each session. This is billable with CPT code: 92507 – INDIVIDUAL 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,

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