

**Attention:** \_\_\_\_\_

**Subject:** Reimbursement of Services to Insured Family

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 Services rendered at the Carruth Center during the month of \_\_\_\_\_, 200\_\_.

My child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Received the following therapeutic service: \_\_\_\_\_ which is detailed on attached Health Insurance Claim Form

This is billable with CPT code: \_\_\_\_\_

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,

\_\_\_\_\_