

**Permission to bill insurance**

 This letter gives Ability Tree Learning Center LLC permission to bill my insurance provider, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

for my child’s therapeutic sessions. My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, receives services authorized by my insurance for payment.

Start Date of permission to bill: \_\_\_\_\_\_\_\_\_\_

Permission to bill will be effective until a parent or guardian request is given for dismissal of services.

Parent/guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_