



## Insurance Release

### Parent/Guardian Authorization

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, give permission for my child to receive an evaluation and/or therapy services provided by Chatterbox Pediatric Therapy Center, LLC. In addition, I give permission for Chatterbox Pediatric Therapy Center, LLC to bill Insurance for \_\_\_\_\_'s evaluation and/or treatment services. Please sign below stating that you have read the above mentioned Insurance release and agree to the terms:

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Child's Full Name: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

**\*\* Make Copy of Insurance Card**

"Exceed client expectations...Coordinate individualized education plan goals and objectives with our comprehensive treatment plans"

[www.boisechatterbox.com](http://www.boisechatterbox.com)