
BILLING INQUIRY FORM

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| CENTER NAME AND ADDRESS |
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**PROVIDER
NUMBER**

**PERSON
MAKING
INQUIRY**

PHONE NUMBER

AUTHORIZATION # AND DATE RECEIVED

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| CLIENT # | CHILD'S NAME | PARENT'S NAME |

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| CLIENT # | CHILD'S NAME | PARENT'S NAME |

Billing period in question: _____ to _____

Additional information:

Please submit any supporting documents that will aid in the resolution of this inquiry.