

BILLING INQUIRY FORM

VENDOR NUMBER

CENTER NAME AND ADDRESS

PERSON MAKING INQUIRY

PHONE NUMBER

AUTHORIZATION # AND DATE RECEIVED

C		
CLIENT #	CHILD'S NAME	PARENT'S NAME
C		
CLIENT #	CHILD'S NAME	PARENT'S NAME
C		
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.