



## Billing Inquiry Form

Vendor No: \_\_\_\_\_ Person Making Inquiry: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Authorization Number: \_\_\_\_\_

Child / Client Number	Child Name	Parent Name

Billing Period in Question:

From: \_\_\_\_\_ To: \_\_\_\_\_

Nature of the Inquiry / Issue:

**TO SPEED-UP THE INQUIRY PROCESS, PLEASE ATTACH ANY DOCUMENTATION RELATED TO THE CASE.**