



2010 DIRECT THIRD PARTY BILLING AUTHORIZATION

Please fill out a separate form for each child and each program and submit to your case worker for authorization.

ATTN: Contact/Case Worker's Name _____

Full name of agency _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone: _____ Fax: _____

RE: ID# or Case # _____ Amount to Claim \$ _____

Childs Name (Last Name First) _____

Program _____ **Start Date:** _____

Contact/Case Worker Verification:

I hereby verify that payment will be processed for the 'Amount to Claim' above OR for the approved amount of \$_____ and I also authorize the LDAA-CC to invoice the above agency the 'Amount to Claim' OR the approved amount, whichever is less.

Authorized Contact/Case Worker signature _____

Please - Fax to Calgary (403) 270-4043 Attn: Accounting

For the Parent/Guardian:

I authorize the case worker named above to confirm the child is entitled to the 'Amount to Claim' above and the LDAA-CC has first claim to the amount once the child has been registered into the program.

I certify that all information on this form is true and correct and that:

- **I am authorized to instruct the LDAA-CC to invoice the attached agency on the child's behalf.**
- **I authorize the agency to pay the 'Amount to Claim' stated above to the LDAA-CC.**
- **I understand that I am responsible for any amount billed to the above agency above that is unpaid.**

Signature Date Print Name (Parent/Guardian)

Parents/Guardian Name Relationship to child: _____

Cell phone number Day phone number Evening phone number Email

Address City Province Postal Code

I understand a LDAA-CC membership in good standing is required for registration in any LDAA-CC program.

Membership fee and form enclosed? \$ _____ **Membership previously paid?** ___ Yes

For Office Use Only	Claim amount \$	
Claim Verified by:	Date:	Invoice #

*Please make sure that all information is completed and correct. Missing information may delay the registration process.