



2011 DIRECT THIRD PARTY BILLING AUTHORIZATION

Please fill out a separate form for each child and each program. Do not send original contract, only a copy.

Parent/Guardian Name _____ **Relationship to child:** _____

Cell phone number _____ Day phone number _____ Evening phone number _____ Email _____

Address _____ City _____ Prov _____ Postal Code _____

Child's Name (Last Name First) _____

Program/Camp Name _____ **Program/Camp Start Date:** _____

THIRD PARTY INFO / BILL TO:

Contact/Case Worker's Name _____

Full name of agency _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone: _____ Fax: _____

Child's ID# or Case # _____ Amount to Claim \$ _____

For the Parent/Guardian:

The following **MUST** be included with this form:

- 2011 Membership Form with \$40 Fee **OR**
- 2011 Membership already paid
- A **COPY** of a current Family Services for Children with a Disability (FSCD) contract signed by the parent/guardian and the case worker, **showing:**
 - The amount payable to the LDAA-CC
 - The program and dates covered under the contract
 - Purpose of coverage ie: Respite / Specialized Camp / Psychological Fees (not applicable to Camp Amicus)

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

- I am authorized to instruct the LDAA-CC to invoice FSCD for services provided to the child.
- I authorize FSCD to pay the 'Amount to Claim' stated below to the LDAA-CC.
- I understand that I am responsible for any amount billed to FSCD that is unpaid.
- I authorize the case worker named below to confirm the child is entitled to the 'Amount to Claim'.

Signature _____ Date _____ Print Name (Parent/Guardian) _____

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

*Please make sure that all information is completed and correct. Missing information may delay processing.