| | Date: |
|--------------|--|
| | School Year: |
| | |
| | |
| ВО | ARD OF EDUCATION: |
| Plea insu | ase do not bill my child's Medical Card for physical therapy services. I am using this trance to cover private services. |
| If yo | ou have questions, please do not hesitate to contact us. Thank you for your consideration. |
| | |
| | Sincerely, |
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| | |
| | |
| | Parent of |
| | County of |
| | |
| Cc: | WVMI |
| | Professional Therapy Services, Inc. |