

# HTC HOUSTON THERAPY CONSULT PLLC

*"Bringing Caring Touch to Your Home"*

## REQUEST TO RELEASE OF AUTHORIZATION

Patient Name: \_\_\_\_\_

Patient Insurance #: \_\_\_\_\_

Service Requesting: \_\_\_\_\_

To Whom It May Concern:

This is to notify you of a change in nursing/therapy services for my child. My child was previously receiving \_\_\_\_\_ services from \_\_\_\_\_ but was discharged from their services effective \_\_\_\_\_

The new facility providing nursing/therapy services is *Houston Therapy Consult*. To prevent a delay in my child's ability to receive nursing/therapy, please release any previous insurance authorization so *Houston Therapy Consult* can begin providing nursing/therapy services for my child. We thank you for your prompt attention to this request.

\_\_\_\_\_  
Parent/Legal Guardian

HOUSTON THERAPY CONSULT PLLC  
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