

HORSES & HORIZONS THERAPEUTIC LEARNING CENTER, INC.

INVOICE REQUEST FORM FOR THIRD PARTY PAYMENT

If an agency or organization will be paying for your rider's lessons with Horses & Horizons Therapeutic Learning Center, please complete this form, and mail it AT ONCE to:

HORSES & HORIZONS T.L.C., INC.
375 ZIONS STONE CHURCH RD.
NEW RINGGOLD, PA 17960

NOTE: H.H.T.L.C. IS NOT AN INSURANCE PROVIDER, SO YOUR RIDER'S MEDICAL ASSISTANCE (ACCESS) CARD WILL NOT PAY FOR HIS/HER LESSONS.

RIDER'S NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF AGENCY OR ORGANIZATION TO BE BILLED _____
(Example: MHMR)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WHICH SESSIONS WILL THEY BE PAYING FOR? (Please circle.)

SESSION I

SESSION II

SESSION III

If you have any questions regarding this form, contact Elaine Smith at 570-386-5679 (evenings).