Parents Name: VC#_____

Parents Address:

Parents Phone Number:

Date:

Please let this letter serve as my request for approval of out of network benefits for counseling for _____, DOB: _____. I sought counseling for _____ due to being a crime victim.

_____ will be receiving trauma counseling from a therapist with the practice Diagnosing Hope: Therapy and Consulting, LLC. The licensed counselors contracted with this practice do not accept any type of insurance nor do they bill insurance. This practice provides access to therapists that specialize in crime victim counseling and have experience and training to work with clients needing to utilize their crime victim compensation benefits to access care. There are limited providers in my area that are available to accommodate these needs.

I feel Diagnosing Hope will provide the best therapist for _____ being they are knowledgeable of the extensiveness of crime victim needs and the victim services field. If anyone has any questions, please feel free to contact me. Thank you for considering my request.

Respectfully,

_____

Name of Client (*print*)

_____

Name of Parent/Guardian (*print*)

_____

Signature of Parent/Guardian