VEEMAH Integrated Wellness and Consulting Services, LLC
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VEEMAH School Therapy- No Insurance Attestation Form

I, (parent/guardian name print) _____,

parent/guardian of (student name) _____,

do solemnly affirm that my child currently does **not** have health insurance or any other funding source to pay for therapy services provided by VEEMAH. I agree to inform VEEMAH immediately if insurance coverage becomes available in the future. I attest that the information provided is true and accurate to the best of my knowledge.

Student Name: _____ **Student DOB:** _____

Student School Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____