

**City of Gaithersburg  
Department of Parks, Recreation and Culture**

**Third Party Billing Authorization Instructions**

Agencies/Organizations who wish to fund children for programs offered through the City of Gaithersburg, Department of Parks, Recreation and Culture are required to complete a Third Party Billing Authorization Form.

By completing and submitting the Third Party Billing Authorization Form, the agency/organization agrees to pay the City of Gaithersburg on behalf of the client and authorizes the City of Gaithersburg to invoice for the services listed on the form. Invoices are sent to the agency once the client is registered and payment is due within 30 days of receipt of invoice.

Please completely fill-out the Third Party Billing Authorization Form (one form per participant) including the upper portion of the form and list each activity and the amount the agency is to be invoiced, have authorized agent sign, and submit along with the completed and signed Registration Form from the parent/guardian or adult participant. ***If the agency is not covering the full cost of the program, the registration form must have credit card information for the client to charge the uncovered cost in order for the registration form to be processed. Please note: No registrations are processed without full payment. Third Party Billing Authorization Forms and Registrations must be signed.***

**Withdrawal/Refund:** In the event, the client is to be withdrawal from a program, the request for withdrawal must be in writing and will become effective on the date request is received. Based on our refund policy, a processing fee is charged for each withdrawal. The refund check will be issued to the authorized agency/organization.

**Children with any Physical, Psychiatric or Behavioral Limitations** *will need to meet with Inclusion Specialist to be assessed prior to registration. Please contact the Inclusion Specialist at 301-258-6350. The Inclusion Specialist will meet with the parent and child to assess and ensure that we are able to provide the necessary accommodations prior to the child being registered for a program.*

You may email the documents to [gabriella.jocktane@gaithersburgmd.gov](mailto:gabriella.jocktane@gaithersburgmd.gov). You may also fax the completed Third Party Billing Authorization Form and Registration Form to 301-948-8364 – **Attention: Gabriella Jocktane.** Please contact Gabriella Jocktane-Soglo, Recreation Systems Support Specialist at 301-258-6350 or [gabriella.jocktane@gaithersburgmd.gov](mailto:gabriella.jocktane@gaithersburgmd.gov) with any questions regarding third party billing authorization.

***The City of Gaithersburg Recreation Department is unable to refund clients who register their child prior to receiving approval for third party billing (payment is always required at time of registration.) Any Third Party Billing Authorization Form received after a client has registered and paid, will not be accepted and the agency/organization will need to make arrangements to reimburse the client directly.***

***Clients who come to the office to register for a program with a pre-written check from an agency but the Third Party Billing Authorization Form has not been received will be processed as the client's direct payment and any refunds will be issued directly to the client.***

# City of Gaithersburg Third Party Billing Authorization

Please complete all information, sign and save.

Return the Third Party Billing Authorization Form and a Completed Registration Form to [gabriella.jocktane@gaithersburgmd.gov](mailto:gabriella.jocktane@gaithersburgmd.gov) or Fax to 301-948-8364, Attn: Gabriella Jocktane.

The Registration Form needs to be signed by the parent/guardian. We only invoice 3rd parties. Any fees not covered by 3rd Party must be included with the registration form and Third Party Billing Authorization Form.

Registrations will not be processed without full payment.

The City of Gaithersburg is authorized to invoice our organization for the following participant for listed activities. Our organization agrees to pay the City of Gaithersburg within 15 days of receipt of invoice.

Name of Organization:

Billing Address:

Authorized by:

Phone:

Email:

Signature:

Date:

## A separate form is required for each participant

Name of Program Participant:

Name of Participant's Parent/Guardian:

If the participant has any health problem(s) including physical, psychiatric, behavioral, or other problems, please provide us with all pertinent information. This information helps us to better serve your client.

Special Needs:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Activity Name: Activity Number: Amount to Bill:

Membership: Amount to Bill: