INSURANCE INFORMATION

Name of Client:

Date of Birth of Client:

Client’s Social Security #:

Client’s Phone Number:

Client’s Home Address:

Client’s Email Address:

Insurance Company:

Name of Policy Holder:

Social Security # of Policy Holder:

Date of Birth of Policy Holder:

ID #:

Customer Service Phone #:

Provider’s Customer Service Phone #:

Name of Primary Care Physician:

Phone # of Primary Care Physician:

Fax # of Primary Care Physician:

Before booking your appointment with Speech Matters PLLC, please call your insurance company and ask the following questions:

* Does my insurance require pre-authorization for an evaluation?
* Does my insurance require pre-approval for therapy?
* Does my insurance require a referral from my Primary Care Physician?
* Does my insurance have a deductible?
  + If Yes, is it an individual or family? What is the amount of the deductible?
* Have you used any of the deductible for this calendar year?
* How many visits are allowed for speech therapy per calendar year?
* Does your insurance approve more visits after your allotted visits are used up and by providing an additional evaluation can a request be made?
* Are these visits combined with other therapy ex: physical, occupational, etc.?
* Do I have to pay a co-pay?
  + How much is the co-pay per visit?

*Please complete this form and send by email* [*linda.bejoian@gmail.com*](mailto:linda.bejoian@gmail.com) *or fax (212) 861-7801. In addition, please do not forget to bring your insurance card to your first visit.*