

Client Health Insurance Information

Insurance Name		Billing Address		Billing City, ST, Zip	
Insurance Telephone Number ()		Other Informative Notes			
Patient's Name (Last, First, MI)		Patient's Address		City	State Zipcode
Telephone Number ()	Patient's Birthday / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Patient's Relationship To Insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		
Patient Status Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> FT Student <input type="checkbox"/> PT Student <input type="checkbox"/>		Is Patient's Condition Related To: Employment? (Current or Previous) <input type="checkbox"/> yes <input type="checkbox"/> no Other Accident? <input type="checkbox"/> yes <input type="checkbox"/> no Auto Accident? <input type="checkbox"/> yes <input type="checkbox"/> no State _____			
Insured's I.D. Number		Policy Group / FECA Number		Insurance Plan Name or Program Name	
Insured's Name (Last, First, MI)		Insured's Address		City	State Zipcode
Telephone Number ()	Insured's Birthday / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employer's Name or School Name		

Patient's or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process this claim. In the event that an insurance claim is denied and services have been rendered, the patient is responsible for all incurred charges when no other payment source is available.
When a patient is enrolled in Babies Can't Wait, fees are based on a percentage, which can be found on the front page of your IFSP.

Signed _____

Date ____ / ____ / ____

For Office Use Only:

Does insurance cover out of network providers? yes no _____%

Units/Days available _____ per month
for therapy sessions _____ per year

One hour = _____ units

_____ per other

Reasonable / Customary rate per unit: \$_____

Verified by: _____

Date ____ / ____ / ____