



Kidzspeech, LLC

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INTAKE FORM

Client name: _____ Date of Birth: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Physician/Phone: _____

Whom may we thank for referring you? _____

May we contact you via phone at the above numbers and speak with or leave messages with whomever answers the phone? (please circle): Yes No

Email: _____ May we contact you via email with information re: scheduling, treatment, or invoices/payment? (please circle): Yes No

What are your primary concerns:

Please complete the following if we will be submitting claims to your insurance:

PRIMARY INSURANCE _____

Insurance Address _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Holder of Policy: _____ **Date of Birth:** _____

Policy Number: _____ Group ID: _____

Employer: _____

Effective Date: _____

Your insurance is a method for you to receive reimbursement for fees for services rendered to you and your dependent(s) by Kidzspeech, LLC. Having insurance is not a substitute, nor a guarantee of payment. We are not contracted with any insurance companies. We are an out-of-network provider. Based on your insurance, we may or may not accept insurance assignments.

Payment for sessions is still due at the time services are rendered. This provider may submit claims to your insurance for you at your request. It is your responsibility to pay the deductible, co-insurance and any other balance not paid for by your insurance company. You are responsible for payment of all charges, regardless of what your insurance may reimburse.

If you have secondary insurance, you are required to submit those claims to your secondary insurance company. This provider will provide you with a claim form that you may use to submit to your secondary insurance. **This provider will not bill a secondary insurance company.**

I understand and attest that I have obtained information about my insurance coverage for the services I am seeking from Kidzspeech, LLC and Kirsten Cerroni, MS/CCC-SLP. I am aware of my responsibility for payment of services, co-payments, and deductibles that are incurred.

I authorize Kidzspeech, LLC and Kirsten Cerroni, MS/CCC-SLP to submit claims on my/my child's behalf.

SIGNATURE: _____ DATE: _____

Printed Name: _____