TherapyOne Reaching the One

Speech Therapy—Occupational Therapy—Physical Therapy
P.O. Box 27, Mesa, Arizona 85211 Phone: 480-668-1917 Fax: 480-668-2750

CLIENT INFORMATION

Please .	fill ou	t com	pletely	and	email	to the	rapvo	neinsu	rance(ลิยเ	mail.	com

Client Name:										
Parent or Guardian Name:										
Client Street Address:										
City, State, Zip Code:										
Phone Number(s) home:		Cell:			Receive Texts?	Yes	No			
Email:		Sex:	Male	Female	Date of Birth:					
Physician:	Physician Pl	none:								
Client Diagnosis:										
INSURANCE INFORMATION Please fill out completely and photo DDD Insurance: Member ID Number:	copy/photograp	ph both sia	les of all insu	rance card	s.					
Private or Commercial Insuran	ce(s), if appli	icable:								
Policy Holder's Name:		Date of Birth:								
Is this policy an HRA/HSA?	Yes N	No If yes, check which one			HRA	HSA				
Note: If your policy is an HRA auto pay, or put Therapy One o			et your insu	rance con	npany and have th	nem switch	off			
DDD policy requires providers Cross Blue Shield) before billing Authorized Signature: I author Therapy One. I authorize paym I am responsible for any and all or an excessive amount of misse	g DDD for se ize the releas ent of insura l bills incurre	rvices prose of any ince or go	ovided. nformation overnment b erstand that	, medical, enefits to t two (2) n	from school, or o Therapy One. I u no-shows in a one-	therwise, to	that			
Parent/Guardian Signature		Date								