

TherapyOne *Reaching the One*

Friendly, Helpful and Expert – Speech, Occupational, and Physical Therapy and School Psychology
Augmentative/Alternative Communication (AAC) and Assistive Technology (AT) Services
P.O. Box 27, Mesa, Arizona 85211 Phone: 480-668-1917 Fax: 480-668-2750

_____ Therapy _____ AAC _____ Both Therapy and AAC

CLIENT INFORMATION *Please fill out completely and email to:* THERAPYONEINSURANCE@GMAIL.COM

CLIENT NAME _____ DOB _____

Diagnosis _____ Gender _____

Parent or Guardian Name _____

Client Street Address _____

City, State, Zip Code _____

Phone number(s) _____ Receive Texts? _____

Email _____

Physician _____ Physician Phone _____

Physician Address _____

City, State, Zip Code _____

MEDICAID INSURANCE: MERCY CARE _____ // UNITED HEALTH CARE COMMUNITY PLAN _____

Policy Holder's Name _____ Policy Holder's Date of Birth _____

Policy Number ___A _____

PRIVATE INSURANCE: If NO private insurance, check here _____ and SKIP this section.

Policy Holder's Name _____ Policy Holder's Date of Birth _____

Insurance Company Name _____ Policy Number _____

If you have additional insurance policies, please list them on a separate page.

I authorize the release of all documents and information related to this client, whether medical or educational, to Therapy One, LLC. I authorize payment of insurance or government benefits to Therapy One, LLC. I authorize Therapy One, LLC to share information, including necessary photos, related to an AAC evaluation, training, and/or equipment installation with this client's educational institution(s), equipment vendor, medical/therapy provider(s), day treatment program (DTA), and/or group home; I understand that Therapy One, LLC will not share information with any other person or entity without my written authorization.

Parent/Guardian Signature _____ Date _____

A photocopy or photograph of all insurance cards (front and back) must be submitted with this form.

++If your policy is an HSA, please contact your insurance company and have them switch off auto pay or put Therapy One, LLC on the do not pay list.

