



LAKE SHORE

SPEECH THERAPY, LLC.

Please fill out **completely** and bring to the first therapy session along with your insurance card so we may copy it. **It is very important that you contact your insurance company to verify benefits. We will not be able to start therapy until this form is completed!** The starred items are the questions you need to ask when you contact your insurance company. If you have copay, we will also collect that at the appointment; we take credit card, checks and cash. Thank you!

Client Name: _____

Private Pay? Yes ____ No ____

Insurance Company Name: _____

ID #: _____

Group #: _____

Policy Holder's Name: _____ DOB: _____

Policy Holder's Employer: _____

Relationship to Client: _____

*Number of Approved Visits per year: _____

*Ins. Calendar Year- starts/ends _____/_____ (example: Jan 1/Dec. 31)

*Deductible? Yes ____ No ____ *If yes, Amount \$ _____

*Co-pay/ Co-insurance per session: \$ _____

*For those with Medical Mutual- are your visits managed by Landmark Healthcare? Yes ____ No ____

How do you prefer to be contacted in the event that a cancellation needs to be made?

How did you find out about us? (E.g. internet search, referred by friend)

Can we add your email address for our monthly newsletter? Yes ____ No ____