



2828 NW 57<sup>th</sup> St, STE 100 OKC, OK 73112  
Phone: (405) 286-3749 Fax: (866) 435-3297  
[www.todaystherapysolutions.com](http://www.todaystherapysolutions.com)

**CLIENT INFORMATION:**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Email \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

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**PHYSICIAN INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**What type of services are needed?** (check all that apply)

- Speech Therapy  Occupational Therapy  Behavior Therapy

**PAYMENT POLICIES (Please check ALL which apply)**

- SOONERCARE ONLY:** Our office will process your child's claims directly to Medicaid. **It is your responsibility to obtain a prescription and clinical notes from your doctor for services requested and provide us with a current IEP (if applicable). You must also keep us informed of any changes in your child's status (Medicaid coverage/change of physician) and will incur costs with a lapse in coverage.**

Name as printed on Soonercare Card \_\_\_\_\_ Soonercare Number \_\_\_\_\_

- PRIVATE INSURANCE:** Our office will process claims to your insurance company first. If you have Medicaid secondary, we will then process the remittance from your private insurance to Medicaid.

Insurance Company \_\_\_\_\_ Name of policy carrier \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_

- PRIVATE PAY:** You may give us credit card information to run the Monday following each appointment or an invoice can be sent to you weekly. **If more than two appointments go unpaid, services will be placed on hold until the account is current again.** Please fill in the credit card information below if you would like your card to run automatically. Receipts can be sent via the following (please circle one): EMAIL      MAIL