TODAY'S THERAPY SOLUTIONS

**2828 NW 57th St, STE 100 OKC, OK 73112**
**Phone: (405) 286-3749 Fax: (866) 435-3297**
**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_____

**PHYSICIAN INFORMATION**

Name _____

Phone _____ Fax_____

Address_____City/State/Zip_____

**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 _____ DOB _____
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

Credit Card Number _____ Card Type Visa Mastercard Discover
Credit Card Expiration _____ Name on Card_____

_____ _____
Signature of Guardian/Insurance Carrier Date