PO BOX 587, Lexington NC 27293
Phone (336) 236-6546 Fax (336) 236-9546
www.ot4kidsinc.com contact@ot4kidsinc.com

INSURANCE INFORMATION

OT4K CLIENT ID# _____

Name: _____
First Middle Last

D.O.B: _____ Sex: _____ SSN: _____

Diagnosis Codes:_____ _____ _____ _____ _____ _____ _____ _____ _____

Primary Physician: _____

Primary Insurance: _____

If Carolina Access, Physician listed on card:_____

Address: _____ Phone: _____

Policy#: _____ Group # _____

Name of Insured: _____
First Middle Last

Date of Birth: _____ Sex:_____ Relation to Insured: SELF CHILD

Secondary Insurance: _____

Address: _____ Phone: _____

Name of Insured: _____
First Middle Last

Date of Birth: _____ Sex:_____ Relation to Insured: SELF CHILD

Tertiary Insurance: _____

Address: _____ Phone: _____

Policy#: _____ Group # _____

Name of Insured: _____
First Middle Last

Date of Birth: _____ Sex:_____ Relation to Insured: SELF CHILD

Assignment of Insurance to Therapist: I authorize direct payment of medical benefits to the attending therapist / OT4KIDS, INC. The benefits referred to herein would be payable to me if I did not make assignment and included major medical insurance. I understand that I am personally responsible to the therapist/OT4KIDS, INC. for charges not covered or paid by this assignment. I am aware that in some instances, insurance may pay me for services rendered from OT4KIDS, INC. I agree to immediately forward all such payments to OT4KIDS, INC.

The attending therapist/OT4KIDS, INC. is authorized to release any medical information required in administering applications for financial coverage for services required. He/She may also send the results of my evaluation and recommendations to my referring and/or family physical for coordination and continuity of care. I have carefully read and completed this form and to the best of my knowledge it does not contain any false, incomplete, or misleading information.

Signature: _____ Date: _____

OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY - OFFICE USE ONLY

UPIN# _____

Carolina Access: yes _____ no _____ CDSA Sliding Scale: _____

Practice: _____ CAR Access # _____

Address:_____ Phone: _____

_____ Fax: _____