



Upstate Pediatric Speech Therapy Services, Inc.
310 New Neely Ferry Rd. Mauldin, SC 29662
Office 864-438-0990 Fax 864-478-8383
www.pedspeechtherapy.com

INSURANCE INFORMATION

Patient's Name _____ DOB: _____ SS# _____

Address/City/Zip Code _____

Phone Number _____ Whose Policy? Yours _____ Spouse's _____

Patient _____ Legal Guardian _____ Other? _____ DOB Info for Policy Holder _____

Private Insurance Yes _____ No _____ If yes, policy # _____

Group # _____ Name of Company _____

Medicaid Yes _____ No _____ If yes, Medicaid # _____

Have you previously filed a claim with your insurance company? _____

If yes, when and under what circumstances? _____

What are your coverage and benefits, to the best of your knowledge? Plan type? _____

Have you satisfied your deductible this year, to the best of your knowledge? _____

This office will prepare any necessary reports and forms to assist you in collecting from your insurance company. Any amount paid directly to this office will be credited to your account.

PLEASE PROVIDE ME WITH A COPY OF YOUR INSURANCE CARD (FRONT/BACK) IF YOU ARE REQUESTING THAT ANY FILES/CLAIMS BE MADE FROM THIS OFFICE.

Date

Signature of Parent/Legal Guardian