



INSURANCE INFORMATION

NOTICE TO PARENTS:

If your child is covered by more than one insurance and/or Medicaid plan, Texas State Law dictates which carriers are considered primary, secondary, and tertiary. When both parents carry insurance that the child is enrolled as a dependent, the parent whose calendar year birth date is the earliest in the year is considered the primary carrier. Private insurances are always primary over Medicaid coverage. To insure appropriate filing and coverage of services, it is essential that this information is accurate and complete. We highly recommend that you contact your insurance carrier personally to verify benefits for therapy services.

PRIMARY INSURANCE

Name of Insured: _____ Employer: _____

Insurance Carrier: _____ Insured's Social Security # _____

Date of Birth of Insured: ____ / ____ / ____ Group # / Plan: _____ ID# _____

Provider Services Phone # _____ Insured's Relationship to Patient: _____

Name and Address of Person Financially Responsible for these Services: _____

SECONDARY INSURANCE

_____ Patient does not have secondary coverage

Name of Insured: _____ Employer: _____

Insurance Carrier: _____ Insured's Social Security # _____

Date of Birth of Insured: ____ / ____ / ____ Group # / Plan: _____ ID# _____

Provider Services Phone # _____ Insured's Relationship to Patient: _____

Name and Address of Person Financially Responsible for these Services: _____

TERTIARY INSURANCE

_____ Patient does not have tertiary coverage

Name of Insured: _____ Employer: _____

Insurance Carrier: _____ Insured's Social Security # _____

Date of Birth of Insured: ____ / ____ / ____ Group # / Plan: _____ ID# _____

Provider Services Phone # _____ Insured's Relationship to Patient: _____

Name and Address of Person Financially Responsible for these Services: _____

I attest that the above information is complete and accurate. I understand that wrong or inaccurate information could result in responsibility of service charges regardless of believed coverage.

SIGNATURE

DATE

