kids therapy made simple

Private Insurance Intake

Patient Name:_____ Sex: ☐ Male ☐ Female

Patient Address:_____ Phone (h):_____

_____ Phone (c):_____

Patient Email:_____

Referring Physician:_____ Diagnosis:_____

Insurance Company:_____ Insurance Phone:_____

ID:_____ Group #:_____

Patient's Date of Birth:____/____/_____ Social Security #:_____

Did you purchase your insurance policy through the Covered California Marketplace?

☐ yes ☐ no

Benefit Verification for:

☐ Occupational Therapy ☐ Speech-Language Therapy ☐ Physical Therapy

Insured: ☐ self ☐ parent

INSURED Name (if other than patient):_____

INSURED Date of Birth: ____/____/_____

CLICK TO SUBMIT

or

email completed form to info@kidstms.com

helping kids with life

Kids Therapy Made Simple
822 S. Robertson Blvd., Suite #202 ● Los Angeles, CA ● 90035
phone: (310) 365-0500 ● email: info@kidstms.com ● web: www.kidstms.com