



Client Intake Form

Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Email: _____

Insurance Name: _____

HMO / PPO / Other: _____

Member ID # _____ Group Number: _____

Policyholder Name: _____ Date of Birth: _____

Client/Student Name: _____ Date of Birth: _____

Current School Name and County: _____

Client/Student Primary Care Physician: _____

Primary Care Physician Phone Number and Fax: _____

***Please provide a copy of the policyholder's driver's license and insurance card**

By signing below you agree to allow Sterling Speech and Language, PLLC to bill Anthem BlueCross BlueShield for speech therapy performed by Tara Leigh Willis, M.S., CCC-SLP and for Sterling Speech and Language, PLLC to receive payment directly from Anthem BlueCross BlueShield for the services rendered. You are ultimately responsible for the payment of your bill and are responsible for payment of any co-payment, deductible or coinsurance as determined by your contract with your insurance carrier at the time of service. You are responsible for any amount not covered by your insurer. If your insurance carrier denies any part of your claim or if you elect to continue therapy past your approved period, you will be responsible for your account balance in full. If you are not a BlueCross BlueShield member, you are responsible for your balance in full and Sterling Speech and Language, PLLC can provide you with invoices so you may file a claim with your own insurance company for reimbursement.

Wellness Policy: A sick student will not benefit from a speech session. If the student/client arrives with an illness, we may ask for them to return home. Please be courteous to your student and others by not bringing a sick child in for speech therapy.

Cancellation Policy: Sterling Speech and Language, PLLC requires at least 24 hours notice for any cancellation for any reason. Advance notice of the cancellation allows for that timeslot to be filled by another student. There is a \$50 no-show fee for absences where 24-hour notice has not been given.

A \$25.00 fee will be charged for all returned checks.

I have read and understand the above policy regarding my financial responsibility to Sterling Speech and Language, PLLC, and agree to allow Tara Leigh Willis, M.S. CCC-SLP to provide speech therapy to the above named client/student.

Signature

Date