

Service Location: <input type="checkbox"/> Waterford Lakes Office <input type="checkbox"/> Dr. Phillips Office <input type="checkbox"/> Home/Community	Achieve Pediatric Therapy 11602 Lake Underhill Rd., Suite 129 Orlando, FL 32825 Phone: 407-277-5400 Fax: 321-281-4942	Therapy Service(s): <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA

Patient

Name (Last, First)	Age	Birth Date	Sex	
Mailing Address	City	State	Zip Code	Marital Status
Primary Diagnosis	Primary Numeric Diagnosis		Secondary Numeric Diagnosis	

Responsible Party (Insurance only- skip this section if Medicaid or Medwaiver)

Name (Last, First)	Age	Birth Date	Sex	Relationship to Patient
Address (put same if same as above)	City	State	Zip Code	Marital Status
Employer	Home Phone		Cell Phone	

Referring Physician

Name (Last, First)	Phone	Fax
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Primary Insurance Information

Primary Insurance Company	Policy Holder Name	Date of Birth	Policy Number
Insurance Address	City	State	Zip Code
Phone Number	Co-Insurance %	Co-Pay	Deductible

Secondary Insurance Information

Secondary Insurance Company	Policy Holder Name	Date of Birth	Policy Number
Insurance Address	City	State	Zip Code
Phone Number	Co-Insurance %	Co-Pay	Deductible

Patient Release

I verify that the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies and their agencies, for the purpose of filing and payments of medical claims. I also authorize payment of the medical benefits to the provider. I acknowledge a fee at the provider's current rate may be charged on all "past due" balances.

Signature of insured or authorized person	Date
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