



# CowtownPediatrix Clinic, llc

Pediatric Occupational and Speech Therapy

## NEW PATIENT INTAKE FORM

Please read the information carefully, **complete it and return to us** so we can start the insurance benefits check process.

**Please call your pediatrician's office and ask for a prescription for OT/ST to evaluate/treat services.** Insurance companies require the prescription for reimbursement purposes.

Cowtown Pediatrix is **in-network** with **Blue Cross Blue Shield and Cigna.**

Cowtown Pediatrix is **out of network** with all other commercial insurance companies including Tricare/Military.

Cowtown Pediatrix is **not a Medicaid Provider.**

You will need to pay your co-pay or in-full for each appointment in accordance with the terms of your insurance company policy.

Your child's evaluation will last approximately 1-2 hours (OT), 1 hour (Speech). We schedule evaluations during the school hours. However, if your child is recommended for therapy, we will do our best to accommodate your schedule with after school appointments, if needed. Once we receive your insurance information, we can schedule your child's evaluation.

Please fill out the following information and fax or email it back to the number at the bottom of the page.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Insurance Information

Patient Date of Birth: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

If Military: Rank \_\_\_\_\_ Active Duty \_\_\_\_\_ Non Active Duty \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Reason for OT/ST evaluation/primary concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Please enter Pediatrician's Name: \_\_\_\_\_

Cowtown Pediatrix Clinic

4011 Benbrook Highway Suite C Fort Worth, TX 76116 Office Phone: 817-386-5500 Fax: 817-367-9076

email: office@cowtownpediatrixclinic.com