



NEW PATIENT INSURANCE 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**.

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

Cowtown Pediatrix **does not** accept Medicaid clients.

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 evaluation/primary concerns:

Reason for Speech evaluation/primary concerns:

Feeding: Y / N

Diagnosis : _____

Pediatrician: _____

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