



2429 Westport Drive
Norman, OK 73069
Phone: (405) 314-9345 Fax: (405) 708-5353
www.hollandpediatric.com

CLIENT INFORMATION:

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

Diagnosis (if known): _____

Physician: _____ Phone: _____

Address: _____

PRIMARY CONTACT:

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Address: (if different from above) _____

PAYMENT OPTION INFORMATION: (Please check which applies)

PRIVATE INSURANCE:

If we are in network with your insurance company, we will process those claims and bill you for the unpaid balance. You are responsible for contacting your insurance company for coverage amounts.

Insurance Company: _____

Name of person listed as policy holder: _____

Insurance ID#: _____ Group #: _____

Co-pay due for each session: _____

We must have a copy (front and back) of your insurance card prior to start of services.

Deductible: The amount you must pay before your insurance company will begin paying for your child's therapy.

Co-Pay: The amount you must pay at each visit after you have met your deductible.

SOONERCARE/MEDICAID ONLY:

Our office will process your child's claims directly to Medicaid. It is your responsibility to obtain a prescription and clinic notes indicating a speech and language problem from your doctor for services requested. If your child receives special services, including speech therapy in the public schools, you must provide our office with a copy of the current Individual Education Plan (IEP). You must keep us informed of any changes in your child's Medicaid coverage or change of physician.

Name as printed on Soonercare/Medicaid Card: _____

Soonercare/Medicaid Number: _____

PRIVATE INSURANCE PLUS MEDICAID (TEFRA):

Our office will process claims to your insurance company first. The insurance company will send out an Explanation of Benefits (EOB). Our office must have a copy of the EOB in order to process your claim. When you receive an EOB, you are responsible for sending it to our office by email (diane@hollandpediatric.com), fax (405) 708-5353, or in person. Your child's service will be placed on hold until the EOB is received.

(Please complete Private Insurance and SoonerCare sections above).

SELF PAY:

If we are "out of network" with your insurance company, or you do not have private insurance, you are considered a self-pay client. You are responsible for all charges.

Our office can bill your credit/debit card twice monthly (1st and 3rd Friday of each month) if you would like to make those payment arrangements. Otherwise, payments are due at the time of services. This office accepts cash, checks and credit cards. Treatment sessions will be postponed until all balances are paid.

Credit card authorization:

A credit card authorization agreement must be completed if you elect to pay twice monthly in this manner. Please contact the office to obtain this form.

By signing below, you state that you understand the payment policy that pertains to you and that you are responsible for payment as outlined above.

Signature of Guardian/Insurance Carrier

Date