



PEDIATRIC SPEECH-LANGUAGE SERVICES

MOLLY THOMPSON, M.S.,CCC-SLP

4325 LAUREL STREET SUITE 100

ANCHORAGE, AK. 99508

PHONE: (907) 569-5669 FAX: 866.861.8204

www.polarspeech.com abilitygroupak.com

The information requested in this form will be kept confidential.

Today's Date _____

GENERAL INFORMATION - Please print Name of child:

Last _____ First _____ MI _____

Mailing address _____ City _____ State _____ Zip _____

Birth date ____/____/____ Age _____ Male Female

Responsible Party Name: Last _____ First _____

MI _____ Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Birth date ____/____/____ Age _____ Male Female

Employer: _____

Phone (circle preferred number) Email Address _____ Home _____

Work _____ Cell _____

EMERGENCY CONTACT Name _____ Relationship _____ Phone _____

Are you using insurance benefits? Y or N Are you: Primary Policyholder __ or Dependent Insurance ____

Insurance Name: _____ Insurance Company Phone #: _____ Insurance

ID # _____ Group # _____ Policyholder's SSN(Tricare) _____

Policyholder's Name: _____ Policyholder's Birthday: _____

Relationship to Policyholder: _____ Policyholder's Employer _____

Secondary Insurance:

Insurance Name: _____ Insurance Company Phone #: _____

Insurance ID # _____ Group # _____ Policyholder's SSN: _____

Policyholder's Name: _____ Policyholder's Birthday: _____

Relationship to Policyholder: _____ Policyholder's Employer _____

Client's Authorization for Insurance Use

I authorize the release of health care information necessary to process claims generated by Molly Thompson (dba Pediatric Speech-Language Svcs).

Client's Payment Agreement

I hereby authorize payment directly to Molly Thompson (dba Pediatric Speech-Language Svcs) of any benefits due from speech-language eval/therapy. I understand that I am responsible for any amount not covered by insurance.

Parent/Guardian Signature Date

Parent/Guardian Signature Date