



Chattering Children

More than just talk.

CONTACT INFORMATION

Date: _____

Child's information
Name:
Mailing address:
Home phone number:
Parent's contact information
Name:
Address (if different from above):
Employed by:
Home phone number:
Work phone number:
Cell phone number:
Email address:
Parent's contact information
Name:
Address (if different from above):
Employed by:
Home phone number:
Work phone number:
Cell phone number:
Email address:



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INSURANCE INFORMATION

DATE OF REQUEST: _____

Spoken to: (Insurance company): _____

PRIMARY INSURANCE COMPANY
PAYER (NAME OF INSURANCE COMPANY):
INSURANCE Subscriber's Name:
SUSCRIBER'S DATE OF BIRTH:
PATIENT DATE OF BIRTH:
PATIENT GENDER:
Insurance Mailing Address:
Member ID #:
Insurance PROVIDER'S Phone Number:

**** PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD

I authorize Chattering Children to bill directly my/our insurance for services rendered. I understand that if an insurance payment is not received within 90 days of billing, Chattering Children will bill me for the amount, which will become due immediately. If after I pay the charges and an insurance payment is received at a later date, Chattering Children will credit my account and issue a refund. I understand that, under certain circumstances, therapy may be suspended until an overdue account is settled.

Signature of Parent: _____

Name (print): _____

Date: _____



CREDIT CARD PAYMENT INFORMATION

I hereby authorize Chattering Children to charge my credit card for the purpose of services rendered on behalf of my child _____. I understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I understand that this agreement is between myself and Chattering Children.

Name (as it appears on card): _____

Type of Card: (circle one) AMEX VISA MC

Account Number: _____

Expiration Date: _____

Cardholder Signature: _____

Billing Address: _____

Today's Date: _____