CLIENT REGISTRATION FORM

Kids Abilities Pediatric Therapy

To be completed by Parent or Caregiver PAGE 1

Today's date: | **Available Therapy days/times:**

PATIENT INFORMATION

Patient's last name: | First: | Middle: | Sex: ☐ M ☐ F | Birth Date:

Parent One name: | Parent Two name:

Home Phone #: ( ) | Cell Phone: ( ) | Email:

Street address:

City: | State: | ZIP Code:

Primary Care Clinic (PCC): | PCC phone #: | PCC fax #: | Physician's name:

Referred to Kids Abilities by (please check one box): ☐ Dr. | ☐ Insurance Plan ☐ | ☐ Hospital ☐

❑ Family ☐ | ☐ Friend ☐ | ☐ Close to home/work ☐ | ☐ Social Media ☐ | ☐ Other ☐

Patient diagnosis (required for insurance verification):

INSURANCE INFORMATION

Person responsible for bill: | Birth date: | Address (if different): | Home phone #: ( )

Employer: | Employer phone #: ( )

Is this patient covered by insurance? ☐ Yes ☐ No ☐ | Insurance phone# (on insurance card):

Please indicate primary insurance ☐ BCBS of MN ☐ | ☐ BCBS (other) ☐ | ☐ Health Partners ☐ | ☐ Preferred One ☐ | ☐ Medica ☐

☐ United Healthcare | ☐ Medicaid ☐ | ☐ Other

Insurance Subscriber's name: | Birth date: | Policy #: | Group #: | Co-payment: $

Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other

Name of secondary insurance (if applicable): | Subscriber's name: | Policy #: | Group #:

Patient's relationship to subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): | Relationship to patient: | Home phone #: ( ) | Work phone #: ( )

ASSIGNMENT OF BENEFITS AND RECORDS RELEASE

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Kids Abilities. I understand that I am financially responsible for any balance. I also authorize Kids Abilities or insurance company to release any information required to process my claims.

Patient/Guardian signature | *Date*

Please attach a copy of your insurance card(s) OR present your insurance card(s) to our front desk staff upon your first visit. Thank you