Play2Grow
Developmental Therapy Services

8050 Warm Springs St Suite 130 Tualatin OR 97062

Phone:: 503-564-0565 *Fax: 503-563-5281*

CLIENT INFORMATION

Person Receiving Services: _____DOB: _____Sex: _____

Person Responsible for Payment: _____Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone:_____

Email: _____ Employer: _____

PHYSICIAN INFORMATION

Primary Referring Physician: _____ Phone: _____ Fax: _____

Address: _____

PRIMARY BILLING INFORMATION

Insurance Company: _____Address: _____

Insured's Name:_____ DOB: _____ ID #: _____ Group #: _____

Insurance Company Phone: _____

DO YOU HAVE SECONDARY INSURANCE? Yes No

Insurance Company: _____Address: _____

Insured's Name:_____ DOB: _____ ID #: _____ Group #: _____

Insurance Company Phone: _____

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TO BE COMPLETED BY OFFICE **DATE: _____ CONTACT: _____**

Benefit Summary: _____

Exclusions: _____

Prior Authorization Required: _____

Physician Referral Required: _____

Individual Deductible: _____YTD: _____Family Deductible:_____ YTD:_____

Individual Annual Out of Pocket: _____ Family Annual Out of Pocket: _____