

SPEECH LANGUAGE AND BEYOND, LLC



"Taking speech and language skills over and beyond"

CLIENT REGISTRATION FORM

Patient Information:

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Phone Number: _____

Primary Care Physician: _____

Doctor's Office: _____ Doctor's Phone Number: _____

Patient Primary Insurance: CMS Medicaid Peach State Health Plan
 Amerigroup Wellcare Blue Cross Blue Shield of GA
 United Healthcare/Optum Healthcare

Policy Number: _____ Member ID: _____

Group Number: _____

Parent Information:

Parent/Legal Guardian: _____ DOB: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

Insurance: _____ Social Security No. _____

Signature of Person Responsible for Bill: _____