

TOTAL POSS-ABILITIES, PLLC

Providing Pediatric Occupational Therapy

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Edmond, OK 73013

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www.totalposs-abilities.com

Treatment and Assignment of Benefits

Patient's Name: _____ Date: _____
Address: _____
(street) (city) (state) (zip)

Home Phone #: _____ Gender: _____ DOB: _____ SS#: _____

INSURANCE INFORMATION			
PRIMARY INSURED'S NAME:	_____	SS# _____	DOB _____
EMPLOYER _____	HOME PHONE # _____	CELL # _____	
ADDRESS (if different from patient): _____			
PRIMARY INSURANCE INFORMATION:			
INSURANCE COMPANY: _____	PHONE# _____		
BILLING ADDRESS: _____	CITY _____	STATE _____	ZIP _____
ID# _____	GROUP# _____	HMO _____	PPO _____
SECONDARY INSURED'S NAME:	_____	SS# _____	DOB _____
EMPLOYER _____	HOME PHONE # _____	CELL # _____	
ADDRESS (if different from patient): _____			
SECONDARY INSURANCE INFORMATION:			
INSURANCE COMPANY: _____	PHONE# _____		
BILLING ADDRESS: _____	CITY _____	STATE _____	ZIP _____
ID# _____	GROUP# _____	HMO _____	PPO _____

_____ (Initial) **Statement of Guardianship:** Acting as parent or court appointed legal guardian, I hereby testify that I have full and complete guardianship concerning the above patient and I am able and willing to lawfully authorize treatment by TOTAL POSS-ABILITIES, PLLC staff.

_____ (Initial) **Payment to TOTAL POSS-ABILITIES, PLLC:** I hereby authorize payments to be sent directly to TOTAL POSS-ABILITIES, PLLC. I also understand that my insurance is a contract between myself and my insurance company and that I am responsible at the time of service for any portion of my bill not covered by my plan. In the event that insurance company reimburse its' member for services provided, the insured is still responsible for payment to TOTAL POSS-ABILITIES, PLLC. TOTAL POSS-ABILITIES will submit a bill to the insured for any outstanding balance.

_____ (Initial) **Release of Information:** I hereby authorize release of information to the insurance company for treatment and payment purposes within HIPPA guidelines. I have received and reviewed the NOTICE OF PRIVACY PRACTICES given to me.

I understand all of the above and hereby state that the information is correct. My signature indicates that I have read the above and grant authorization.

Signature of Parent/Guardian

Date