

Northland-Rural Therapy Associates

2224 East Cedar Ave Suite 1 Flagstaff, AZ 86004
(928)779-1679 phone (928)779-2822 fax

INSURANCE INFORMATION FORM

The below information is true to the best of my knowledge:

Patient Name: _____ **DOB:** _____

Patient's Address: _____

Patient's Phone #: _____

Primary Care Physician: _____

Physician Phone #: _____

Primary Insurance: _____

Insurance Id#: _____ **Group #:** _____

Address and phone number on back of card: _____

Name of policy holder: _____

Policy holder DOB: _____ **Employer:** _____

****Secondary Insurance:** _____

Insurance Id#: _____ **Group #:** _____

Address and phone # on the card: _____

Name of policy holder: _____

Policy holder DOB: _____ **Employer:** _____

*DDD requires primary insurance to be billed first.

Please initial one option below:

_____ (Initials) I give permission to Northland-Rural Therapy Associates to bill or provide any information requested to the insurances listed above and I am responsible for any co-pays or balances left from what the insurances did not cover, except when payment comes from another agency.

_____ (Initials) I agree to NOT have my insurance billed for services. Therefore I will be paying privately.

Signature: _____ **Date:** _____

Must be signed by the parent or guardian if the patient is under the age of 18

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IMPORTANT NOTICE TO ALL INSURANCE CLIENTS

Your Rights and Responsibilities

If given permission, Northland-Rural Therapy Associates, LLC will bill your insurance company for all services provided. Please know that we will do everything possible to ensure timely submission of claims as well as provide any additional information to insurance companies, should they request it. However, it is extremely important that you are aware of the following provisions:

- Many insurance companies will cover speech-language, occupational and physical therapy services only under certain specified conditions. These conditions are outlined in your insurance policy manual or you can call the 1-800 number on the back of your insurance card. Keep in mind, ***it is your responsibility to read your policy thoroughly to determine coverage of speech-language, occupational, physical and/or hearing services.***
- If your insurance company denies coverage, you have every right to appeal any decision made by your insurance company with which you do not agree. Northland-Rural Therapy Associates will offer you a self-pay option plan to cover incurred and/or continuing therapy costs.
- You must notify NRTA immediately of any insurance changes and understand that you are responsible for any changes incurred prior to notification.
- You will be billed \$30 for no show office visits and \$32.50 for no show home visits. It is necessary to cancel 24 hours in advance to avoid these charges.

By signing below, you agree to cover costs incurred at Northland-Rural Therapy Associates related to speech-language, occupational and physical therapy services not covered by your insurance company or if for any reason your insurance company decides not to pay. *If your insurance company does cover services, you will be billed only for applicable deductible and co-pay or co-insurance amounts.*

Client Name (Please Print)

Client (or Parent/Guardian) Signature

Date