

# Your Child's Safety is Our Top Priority

In order to ensure the safety of your child during his/her in-home therapy session, it's imperative that an adult be present in your household at all times. While it's not mandatory that a parent/caregiver join the actual session, it can be beneficial.

Please note that verification of benefits is not a guarantee of payment. Clients are responsible to pay for services

### First Child's Info

#### Name

First		Last	
DOB	Gender	Policy ID	
/ /	Male Female		
Diagnosis If you select "Other" from the list, please of	enter the diagnosis description	n the field:	
<ul> <li>Developmental Delay (receptive/expressive language)</li> </ul>	Autism		
Articulation & Language Delays	Articulation		

Other...

## Second Child's Info

Name		
First		Last
DOB	Gender	Policy ID
	🗌 Male 🛛 Female	
<b>Diagnosis</b> If you select "Other" from the list, pleas	se enter the diagnosis description in t	e field:
<ul> <li>Developmental Delay (receptive/expressive language)</li> </ul>	Autism	
Articulation & Language Delays	Articulation	
Other		

advantage

		Kelenal Qu	estions	
How did you lear	n about Advantage Speed	ch Therapy Services?		
Autism	Insurance	🗌 Friend	Therapist	Website
Other				
	ank for their recommen	dation?		
		Parent/Careg	giver Info	
Name				
First		L	ast	
Address				
Street Address				
Address Line 2				
City		S	tate	Zip Code
Apartment		Name of Apartment C	omplex or Sub-division	Access/Gate Code
Phone		E	mail	
l travel to your chi	need to be conducted o ild at the parent/guardian home rnate Location details below)		side the home to visit? Eg, daycare, baby	sitters, church, preschool program?
		Alternate Lo	ocation	
Name of Alterna	ate Location of Therapy	1		
Goddard, Primrose, I	Daycare, Baby sitter, Neighbor			
Name				
First		L	ast	
Address				
Street Address				
Address Line 2				
City		St	ate	Zip Code
Phone		E	mail	



### Name Of Subscriber

(Name of Parent who has the Insurance Plan)

Secondary Insurance Carrier Secondary Insurance Policy ID Medical Medical Address Street Address Address City Phone Fax					
Insurance Customer Service Number Group Number     Secondary Insurance Carrier Secondary Insurance Policy ID     Blue Cross, United, Aetna     Medical     Doctor Name     Address     Street Address     City   State     Zip Code     Phone   Fax     Email     Additional Info	First		Last		
Insurance Customer Service Number Group Number Secondary Insurance Carrier Secondary Insurance Policy ID Medical Medical Doctor Name Address Street Address City State Z City	Subscriber's SSN			Insurance Carrier	
Blue Cross, United, Aetna Medical Doctor Name Address Street Address Address Line 2 City State Zip Code Phone Fax Email Additional Info				Blue Cross, United, Aetna	
Medical   Doctor Name   Address   Street Address   Address Line 2   City   State   Zip Code   Phone   Fax   Email   Additional Info	Secondary Insurance Carrier		Secondary Insurance Policy ID		
Doctor Name         Address         Street Address         Address Line 2         City       State         Phone       Fax         Email         Additional Info	Blue Cross, United, Aetna				
Address Street Address Address Line 2 City State Zip Code Phone Fax Email Additional Info		Ме	dical		
Street Address Address Line 2 City State Zip Code Phone Fax Email Additional Info	Doctor Name				
Address Line 2   City   State   Phone   Fax     Email     Additional Info	Address				
City State Zip Code   Phone Fax     Email     Additional Info	Street Address				
Phone Fax Email Additional Info	Address Line 2				
Email Additional Info	City		State	Zip Code	
Additional Info	Phone		Fax		
	Email				
Additional Comments		Additio	onal Info		
	Additional Comments				

ASTS Verification of Benefits Form v2019a Revised August 1, 2019

Advantage Speech Therapy Services, Inc. reserves the right to make changes to the above policies and procedures at any time. If you have any questions on your billing statement or invoice please call Robyn Drothler (owner, SLP) @ 404-784-1252.