Personal and Financial Information: (Please Print)

Child's name: ______________________________ Date of Birth: ____________ Age: _________

Parent name(s): ____________________________________________________________________

Address: _______________________________ City: ____________ State: ______ Zip: ______

Day phone: ____________________________ Evening phone: _____________________________

Cell phone: ____________________________ Email address: ______________________________

Method of Payment:

____ cash ____ check ____ care credit ____ visa/mastercard ____ private insurance*

*we are in-network providers for BlueCross, Medica, and United HealthCare

Insurance Information: (**Please include a copy of your insurance card.)**

| | |
|---|---|
| Primary Insurance: __________________________ | Secondary Insurance: ________________________ |
| Policy Holder: ______________________________ | Policy Holder: ______________________________ |
| Group Number: _____________________________ | Group Number: _____________________________ |
| Identification Number: _______________________ | Identification Number: _______________________ |

**I understand that I am financially responsible for payment of any services provided by Autism Matters, Inc. (DBA Bertone Speech, Language & Communication Services) , including co-pays, deductibles, and co-insurance.**

**I request that payment of authorized insurance benefits be made to Autism Matters, Inc. (DBA Bertone Speech, Language & Communication Services) for any services furnished to my child.**

**I authorize Autism Matters, Inc. (DBA Bertone Speech, Language & Communication Services) to release and/or exchange any information with other providers/organizations who are involved in my child's treatment.**

**I acknowledge that I have been given the opportunity to read and/or receive Autism Matters, Inc. Notice of Privacy Practices.**

**This authorization and assignment will remain in effect until revoked by me in writing.**

______________________________________ ______________________

**Parent Signature** **Date**