



3145 E. Chandler Blvd 110-117, Phoenix, Arizona 85048 | Phone 602.828.2619 |

INSURANCE INFORMATION

Required	Patient Name	Birthdate	Age	Sex
	Address	City	State	Zip Code
	Home Phone	Email <input type="checkbox"/> Check here if you want to receive email updates about Mariposa and our special programs		
	Father	Mobile/Work Phone	Diagnosis	
	Mother	Mobile/Work Phone	Pediatrician	

Required	Primary Insurance Plan	Employer		
	Policy Holder	Birth date		
	Group #	ID or Policy #		
	Effective date: ____/____/____	Phone		
	Termination date: ____/____/____	Send claims to: Address		
	City	Sate	Zip	

If Applicable	Secondary Insurance Plan	Employer		
	Policy Holder	Birth date		
	Group #	ID or Policy #		
	Send Claims to:	Phone		
	Address	City	Sate	Zip

MEDICAL INFORMATION RELEASE

I hereby authorize the release of medical records, or copies of the records, to be transferred to Mariposa Speech Services. I also authorize Mariposa Speech Services to release information, records, or copies of records, pertaining to the diagnosis, as well as, treatments and examinations, which have been provided, to my insurance providers and my other health care agencies.

FINANCIAL POLICY

I understand and agree that I am ultimately responsible and liable for payment of all charges assessed for professional services provided by Mariposa Speech Services and will pay any sum due upon demand. I understand that insurance claim forms will be submitted to my insurance company as a matter of convenience. I understand and agree that if it becomes necessary to retain an attorney and/or collection agency for the collection of any outstanding charges, whether or not a lawsuit is filed on my account, I will be responsible for any attorney and/or collection fees and court costs in addition to the outstanding balance. Patients authorized for therapy by the Arizona Department of Economic Security, Division of Developmental Disabilities, are not responsible for payment charges.

CANCELLATION POLICY

Please notify your therapist as soon as you know you will be unable to maintain your scheduled appointment. Mariposa Speech Services receives no compensation for canceled appointments or 'no shows.' If you have 2 or more cancellations within in 4-week period, or 2 or more no shows, we reserve the right to discontinue services.

ASSIGNMENT OF BENEFITS

I request that payment of authorized insurance benefits be made on my behalf to Mariposa Speech Services.

Signature _____ Date _____