



## New patient intake form

Please read the information carefully, fill out the documents and return to us so we can start the insurance benefits check process. **Please call your pediatrician's office and ask for a prescription for Occupational Therapy or Speech Therapy (depending on your concerns) to evaluate/treat services.** This can be faxed directly to Cowtown Pediatrix Clinic @ 817-349-9941. Insurance companies require the prescription for reimbursement purposes.

Cowtown Pediatrix is in network with Blue Cross Blue Shield, but out of network with all other insurance companies including Tricare/Military. We are also not currently able to accept Medicaid clients. You will need to pay your co-pay or in-full for each appointment in accordance with the terms of your contract with your insurance company and benefits policy.

Your child's evaluation will last approximately 1-2 hours (OT), 1 hour (Speech). We schedule evaluations during the daytime hours. However, if your child is recommended for therapy, we will do our best to accommodate your schedule with after school appointments, if needed. Once we receive your insurance information, we can schedule your child's evaluation.

Please fill out the following information and fax or email back to number at the bottom of the page.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Insurance Information

Patient Date of Birth: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

If Military: Rank \_\_\_\_\_ Active Duty \_\_\_\_\_ Non Active Duty \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Reason for OT evaluation/primary concerns:

Reason for Speech evaluation/primary concerns:

Feeding concerns: Y/ N

Diagnosis : \_\_\_\_\_

Pediatrician: \_\_\_\_\_

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