

# Eligibility Request

Pediatric Therapy Partners, LLC



## Patient Information

Patient Name	
Date of Birth	
Patient Address	
Address 2	
City, State, ZIP	
Phone	
First Day of Svs	
Supervising Provider	

## Insurance Policy Owner

Owner Primary	
Address	
City, State, ZIP	
Phone	
Owner Secondary	
Address	
City, State, ZIP	
Phone	

## Primary Insurance Information

Company	
Policy ID	
Member ID	
Group ID	
Subscriber	
Subscriber DOB	
Subscriber SSN	
Contact Number	

## Secondary Insurance Information

Company	
Policy ID	
Member ID	
Group ID	
Subscriber	
Subscriber DOB	
Subscriber SSN	
Contact Number	

## Services and Diagnoses

Procedure Code	Diagnosis Code	Comment

## Type of Services

ABA	
Physical Thrpy	
Occupational Thrpy	
SLP	
Social Skills	
Counseling	

## Location of Services

Office	
Home	
Community	
School	
Other	

Comments
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