

Children's Therapy Group, Inc.
Providing Pediatric Speech, Occupational, and Physical Therapy
65 Darcee Court
Lawrenceville, GA 30045
(678) 858-4777
childrenstg@yahoo.com

Authorization Form

Treatment:

I _____, hereby authorize **Children's Therapy Group Inc.** to evaluate and/or provide speech-language/occupational/ physical therapy services for _____.

Release of Information:

I authorize **Children's Therapy Group Inc.** to release pertinent protected health information (PHI), for the above client, in order to provide treatment, process payments and perform necessary healthcare operations.

Billing:

I authorize **Children's Therapy Group Inc.** to bill any participating parties for speech language pathology/occupational/physical therapy services received by the client. These parties include the following:

(Please check all that apply and fill in information for each below)

Insurance Medicaid Babies Can't Wait
 PeachCare for Kids (Wellcare, Amerigroup, Peach State)

Insurance Information

Insurance Company _____
Address/Phone for Claims _____
Name of Insured _____ Date of Birth _____
ID#/SSN _____ Group # _____
Name of Employer _____

Medicaid/PeachCare for Kids Information

Medicaid# _____
Full name of client _____
Name of Primary Care Physician _____

Babies Can't Wait Information

Babies Can't Wait Service Coordinator _____
Cost Participation _____

Signature of Parent/ Guardian

Date