

Southlake Autism and Behavior Services
 350 Acceptance Way
 Clermont, Fl. 34711
 Phone: 352.223.1999 / Fax: 352.600.3119
 info@southlakeautism.com

Patient Name	Age	Birth Date	Sex
Mailing Street Address	City	State	Zip
Patient's Diagnosis	Diagnosing Doctors Name		Age at Diagnosis

Insured Parent's Information:

Parent's Name	Age	Birth Date	Marital Status	Relationship to Patient
Street Address (If different than above)	City	State	Zip	
Email Address	Home Phone	Cell Phone		

Primary Insurance Information:

Insurance Company	Policy Holder Name	Policy Number	Group Number
Insurance Address	City	State	Zip
			Phone Number

Secondary Insurance Information:

Insurance Company	Policy Holder Name	Policy Number	Group Number
Insurance Address	City	State	Zip
			Phone Number

Patient's Doctor Information:

Pediatrician	Phone Number	Fax Number
Dentist	Phone Number	Fax Number
Neurologist	Phone Number	Fax Number
Other	Phone Number	Fax Number

Parent Release:

I verify the information I have provided is correct and authorize the release of medical information necessary to process insurance claims to insurance companies and their agencies, for the purpose of filing and payments of medical claims. I also authorize payment of the medical benefits to the provided. Southlake Autism and Behavior Services, PA. I acknowledge a fee at the provider's current rate may be charged on all "past due" balances.	
Signature of insured or authorized person	Date