MAIN STEP
Speech Therapy Services

1402 S Custer Rd #601, McKinney, TX 75072
Phone: 469.214.5898
info@mainsteptherapy.com
www.mainsteptherapy.com

Please fill this form out for benefits check and send it to us along with the front and back of the insurance card. We will need this information one week before evaluation.

Patient Information:

Name of Patient: _____

DOB: _____

Diagnosis (if any): _____

Parent/caregiver contact information:

	Mother	Father
Full name		
Phone		
Email		
Address		

Insurance:

Insurance Carrier: _____

Policy Holder full name: _____

Relation to patient: _____

Policy Holder DOB: _____

Patient's Physician/Pediatrician Information:

Dr.'s Name: _____

Name of practice: _____

Phone number: _____

Address: _____