



3943 Dahlwiny Court • Atlanta, GA • 30350 • (404) 210-0043 • jen@reingoldspeechtherapy.com

INSURANCE BILLING INFORMATION:

As an added value to clients, Reingold Speech Therapy utilizes a third party billing service to submit claims to insurance companies on your behalf at no additional charge. Please note, clients seeking insurance reimbursement are still expected to pay directly for services. We are considered an out-of-network provider.

We encourage our clients seeking insurance benefits to review the following:

1. Check with your insurance company to find out what speech and language services are covered.
2. Find out what information your insurance company requires. You may need a referral, pre-authorization, and / or a prescription for evaluation and treatment. However, referrals and pre-authorizations do not guarantee that insurance will pay for services.
3. Provide us with your insurance information by completing this form as well as a copy of your insurance card. You will need to update us with this information should your policy change.

Billing Agent:

Accufast Billing Services provides insurance billing services for Reingold Speech Therapy Services. You may contact Holly Kendricks with any questions or concerns regarding your insurance claims or bill. She can be reached at accufast@bellsouth.net



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Insurance Information:

CLIENT NAME (Last, First, M.I.): _____

DATE OF BIRTH: _____

DIAGNOSIS AND CODE:

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

REFERRING PHYSICIAN: _____

PRACTICE NAME, PHONE NUMBER, & FAX:

PRIMARY INSURANCE: _____

Private Insurance _____ BCW _____ Medicaid _____

Medicaid/PeachCare # _____ GBHC# _____

Policy Holder: _____



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Policy Holder's Date of Birth: _____

Policy #: _____ Group #: _____

Effective Term Date: _____

Address to File Claims: _____

Customer Service Phone #: _____ Fax #: _____

Employer: _____

Benefits: Ded. _____ % _____ Maximum (\$/Visits) _____

Sub ID: _____ Guarantor ID: _____

*Please provide a copy (front and back) of your most recent insurance card.

Thank You!