



Destination Life LLC

**Adult & Pediatric Therapy
1759 Broad Park Circle S #113
Mansfield, TX 76063
817-473-1312**

Welcome!

We are pleased to welcome you as a new patient to our practice and appreciate the confidence and trust you have placed in us.

Please arrive 15 minutes prior to your appointment to allow time to complete a new patient information packet so we can get to know you. Please be prepared with the following items at your first appointment

Photo ID

Copy of your Insurance cards

Referral from your doctor (If your insurance requires one)

Physician Name and contact number

Co-Payment (If required)

Complete list of current medications

Recent report of X-Rays or Imaging studies

We accept the following forms of payment Cash, Checks, Credit or Debit

If you need to reschedule or cancel your appointment, we ask that you please give us at least a 24 hour notice as a courtesy to fill the appointment should another patient requires care.

Our phone number is: **817-473-1312**. Our Billing phone number is **817-473-1313**, should you have any questions concerning your account.

Appointment Date _____ **Time** _____

As a courtesy we will bill your insurance for you. Please remember you are ultimately responsible for any costs you may incur as a result of your treatment. Please come prepared to pay your co-pay or co-insurance at the time of your visit.

You may be asked to complete a satisfaction survey; we encourage your honest feedback. This will help us to know where we can make improvements to make your visit comfortable and help us to create a warm friendly environment.

Thank you for choosing us as are your provider of care. We look forward to your visit; our door is always open for any questions or concerns you may have.

Sincerely;

Team Destination Life