



## Insurance Change Notification Form

Hand in Hand Therapy, PLLC

Please complete this form as soon as possible if your insurance coverage has changed. This helps us avoid delays or disruptions in your child's therapy services.

### Client Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### New Insurance Information

- Insurance Company Name: \_\_\_\_\_
- Member ID / Policy Number: \_\_\_\_\_
- Group Number (if applicable): \_\_\_\_\_
- Policy Holder's Name: \_\_\_\_\_
- Policy Holder's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Relationship to Child: ☐ Parent ☐ Guardian ☐ Other: \_\_\_\_\_
- Effective Date of New Coverage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Required Documentation

Please include a copy or photo of your new insurance card:

- ☐ Front of card
- ☐ Back of card

### Authorization & Acknowledgment

I understand that I am responsible for notifying Hand in Hand Therapy of any changes in my insurance coverage. I acknowledge that failure to provide updated insurance information may result in delays in billing or my financial responsibility for services.

Legal Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_