124 Hall St. Suite H · Concord, NH 03301
603-228-9160 · Fax 603-224-2776
www.capitalkidsot.com · reception@capitalkidsot.com

**Name:** **Admission Date:**

**Address:** **DOB:**

**Telephone: (H)** **Physician:**
**(W)**
**(C)**

**E-Mail Address:**

**Guardian:**

**Insurance Subscriber:** **Date of Birth of Subscriber:**

**Insurance:** **Social Security Number of Subscriber:**

**Insurance ID #:**

**Terms of Agreement**

**REQUEST AND AUTHORIZATION FOR TREATMENT**: I hereby request and authorize Capital Kids Occupational Therapy, to administer all diagnostic and treatment procedures as required for the above named client.
**RELEASE OF INFORMATION:** I further authorize the release of medical and other information as necessary for the completion of my claims for insurance or compensation benefits.
**PRIVACY NOTICE**: I certify that I have received a copy of the Privacy Practices and Client Rights. I have read and/or have had the information contained within this document explained to me.

_____ _____
Client/Guardian/DPOA Date Witness Date

**FINANCIAL RESPONSIBILITY**: I hereby assign unto Capital Kids Occupational Therapy, LLC all health insurance benefits now due and to become due and payable to me virtue of treatment by said Agency, and hereby direct my insurance carriers to pay such benefits directly to such Agency in consideration of the services furnished and to be furnished by said Agency. I have received a copy of Capital Kids OT Financial Policies. _____ Initial

I understand that I remain financially responsible to Capital Kids Occupational Therapy,LLC to charges not paid by my insurance carrier or for co-payment of office visits. Moreover, I understand that if I fail to meet any financial responsibilities as stated in these terms I am responsible for the legal fees incurred by the Agency in its effort to collect any due on my account. COPAY _____
I understand that the missed visit fee is $50.00 in the event we fail to give a 24 hour notice. _____Initial

_____ _____
Client/Guardian/DPOA Date Witness Date