

## New Patient Information Required for Scheduling

Patient Name	
Date of Birth	
Phone Number	
Email address	
Insurance Company	
Member ID	
Group ID	
Provider Phone Number	
Services Requested	<input type="checkbox"/> Testing <input type="checkbox"/> Therapy <input type="checkbox"/> Psychoeducational Testing
Primary Concern	
<p><b>Please note:</b> Spectrus staff will not be able to schedule any services without the above information, please complete this form in its entirety. We will contact you to go over your estimated insurance benefits and scheduling options. In order to finalize scheduling, we will require TWO forms of payment on file, a primary and secondary debit or credit card. The secondary card will only be used in the event that your primary card is declined. A fee will be assessed for all declined card fees.</p> <p><b>Type of Services:</b> Testing (either Neuropsychological or Psychological) Psychoeducational (for learning disabilities such as Dyslexia, please note insurance DOES NOT cover this service), or Therapy.</p> <p><b>Primary Concern:</b> Please give a general overview of the concerns you'd like Spectrus to address so that we can schedule you with the best clinician for your needs and complete any prior authorization requests your insurance company may require.</p>	