

## New Patient Information Required for Scheduling

Patient Name			
Date of Birth			
Phone Number			
Email address			
Are the parents of the (minor) patient divorced or legally separated?	<input type="checkbox"/> Yes <b>Failure to disclose any custody situation that impedes your ability to consent to services for the above named patient</b> <input type="checkbox"/> No <b>may result in the denial or cancellation of services and a fee.</b>		
Mother's name			
Phone Number/ Email	(Phone)		(Email)
Father's Name			
Phone Number/Email	(Phone)		(Email)
Insurance Company			
Member ID			
Group ID			
Provider Phone Number (from the back of your insurance card)			
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>			

Spectrus Psychological Services, Corporation  
<https://www.spectruspsych.com>  
 2652 FM 407 Ste. 235  
 Bartonville, TX 76226  
 P. 940-205-8335/F. 866-899-7939