Language & Learning Arts PLLC

Speech-Language Pathology Services

371 NE Gilman Blvd, Suite 320
Issaquah, WA 98027

Phone: (425) 427-1075
Fax: (425) 657-0691
E-mail: info@llaslp.com

Client Information

Client

First name: ______________________ Last name: ______________________

Street address: ____

City: ______________________ State: __________ Zip: __________

Home Phone: ____

Date of birth: ______________________ Primary Care Physician: ______________________

School: ____

Parent/Guardian (if applicable)

Contact 1: ______________________ Relationship: ______________________

Street address: ____

City: ______________________ State: __________ Zip: __________

Daytime Phone: ______________________ Evening phone: ______________________

Email: ____

Contact 2: ______________________ Relationship: ______________________

Street address: ____

City: ______________________ State: __________ Zip: __________

Daytime Phone: ______________________ Evening phone: ______________________

Email: ____

Client lives with (circle one):	Contact 1	Contact 2	N/A			
Insured under (circle one):	Contact 1	Contact 2	Self			
Send bills to (circle one):	Contact 1	Contact 2	Self	Via email?	Yes	No
Send reports to (circle one):	Contact 1	Contact 2	Self			

Please sign below if we are billing your insurance directly (Aetna, Cigna, First Choice, Premera, Regence):
I authorize Language & Learning Arts PLLC to bill my insurance directly for all claims arising from services. I agree that I am financially responsible for all co-payments, co-insurance, deductibles, and rejected claims (regardless of the reason for claim rejection).

Signature: ______________________________ Date: ______________________

If we are not preferred providers with your insurance, you will receive a monthly bill from us. You should remit payment directly to us, and then submit the claim to your insurance company. Your insurance company or HFSA will reimburse you for our services directly, if they are covered by your plan.