Language Link Therapy, Inc. is offering speech therapy and occupational therapy at St. Joan of Arc this 2016-2017 school year. Our office is in network with a variety of health insurers including Medicaid. If you are interested in having your child screened for speech therapy and/or occupational therapy, please fill out the form below. PLEASE INCLUDE YOUR CHILDS INSURANCE INFORMATION. By providing your insurance information we can quickly verify if your benefits will cover services or provide you with cash prices if not covered.

Once complete, please return this form to Language Link one of the following ways:
1) By email to irotman@therapyfl.com
2) By fax to 877-811-2570
3) By mail to: Language Link Therapy, 9508 Griffin Rd, Cooper City, FL 33328
4) By dropping off this form to the main office at St. Joan of Arc or having your child provide this form to their home room teacher

Please check all that apply

I am interested in a speech/language screening for my child   _____
I am interested in an occupational therapy screening for my child   _____

Child Name: _____ **Nickname:** _____

DOB: _____/_____/_____ **Grade:** _____ **Home Room Teacher:** _____

Mother's Name: _____ **Father's Name:** _____

Other Guardian's Name: _____ **Relation:** _____

Home Address: _____**City:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Who's Cell? Mom / Dad / Other**

Email: _____

HEALTH INSURANCE INFORMATION

Please provide ANY insurance plan in which your child may have coverage:

PRIMARY

Insurance Company Name:_____ **Member ID:** _____

Primary Insured Name (if different than child):_____**DOB:**_____

Primary Insured Relationship to Insured: _____

SECONDARY

Insurance Company Name:_____ **Member ID:** _____

Primary Insured Name (if different than child):_____**DOB:**_____

Primary Insured Relationship to Insured: _____

_____   _____
Parent's signature   **Date**

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE