



Enclosed is the New Patient Intake Form. Please read the information carefully, fill out the documents and return to us so we can start the insurance benefits check process. **Please call your pediatrician's office and ask for a prescription for OT to evaluate/treat services.** This can be faxed directly to Cowtown Pediatrix Clinic @ 817-349-9941. Insurance companies require the prescription for reimbursement purposes. Cowtown Pediatrix is in network with Blue Cross Blue Shield, but out of network with all other insurance companies including Tricare/Military. We are also not currently able to accept Medicaid clients. You will need to pay your co-pay or in-full for each appointment in accordance with the terms of your contract with your insurance company and benefits policy. Your child's evaluation will last approximately 1-2 hours. Your therapist will schedule a follow-up appointment to discuss the evaluation and treatment options with you. Once we receive your insurance information, we can schedule our child's evaluation.

Please fill out the following information and fax or email back to number at the bottom of the page.

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Insurance Information

Patient Date of Birth: _____ Insurance Company Name: _____

Member ID #: _____ Group #: _____

If Military: Rank _____ Active Duty _____ Non Active Duty _____

Member Name: _____ Member Date of Birth: _____

Reason for OT evaluation/primary concerns:

Diagnosis (if any): _____

Pediatrician: _____

Thank you,
Cowtown Pediatrix Clinic,
LLC Sue Khammar, OTR

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