



816 Keller Parkway, Ste. B302  
Keller, TX 76248  
(817)562-8731  
Fax: (817)562-8222

*Verification and Eligibility Information*

*Client's Full Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

*Parents/Guardians:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Insured:* \_\_\_\_\_ *Insured DOB:* \_\_\_\_\_

*Insured SS# (Tricare only):* \_\_\_\_\_

*Insured Address (If different from above):* \_\_\_\_\_

*Insurance Carrier:* \_\_\_\_\_ *Insurance Carrier Phone Number:* \_\_\_\_\_

*Group Number:* \_\_\_\_\_ *Member ID:* \_\_\_\_\_

*Client's Diagnosis:* \_\_\_\_\_

*My Child Exhibits:*

*Challenging Behaviors*

*Limited Language*

*Poor Social Skills*

*Copy of Insurance Card is attached:*                      *yes*                      *no*