

PASCOE PEDIATRIC
PHYSICAL THERAPY

Keeping kids moving for life

Dorian Pascoe, MSPT

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INSURANCE INFORMATION FORM

(Click on the dotted lines to fill in)

Child's Name:

Child's Date of Birth:

Health Insurance Company:

ID/Policy #:

Group #:

Claims Address:

.....

Insurance provider phone numbers:

Has your child seen an occupational, speech or physical therapist (other than Dorian Pascoe) this year using out of network benefits with this insurance company? YES NO