



J5 Therapy, Inc.
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www.j5therapy.com

Authorization Form

Speech:
Occupational:

Name:

Date:

Signature:

Insurance Company:

Consent to Test

- § I give J5 Therapy, Inc. permission to conduct a therapy evaluation for my child. I also give my permission for treatment, if testing results and the child's primary care physician reveal it is needed.

Medicaid Release and Assignment

- § I request that authorized Medicaid Payments be made to J5 Therapy, Inc. for any services provided by them to my child.

Insurance Assignment and Release

- § I verify that my child is insured and that J5 Therapy, Inc. receives all insurance benefits, if any, otherwise payable to me for services, rendered. I understand that I am responsible only for the deductible, coinsurance, and noncovered services. I understand that my signature, whether manual or electrical, requests that payment be made and authorizes release of medical information necessary to pay the claim.

Privacy Policy Agreement

- § Your privacy is important to us. We create information about you so we may provide you with quality care, and we are committed to protecting this information. I have received a copy of the privacy policy.