Bird-Kern-Dalmia
Speech & Language Pathologists
1101 S. Winchester Blvd, Suite E-155, San Jose CA 95128
www.birdkernanddalmia.com • 408-379-0245

Billing Information

Child's Name: _____ Date of Birth: _____ Gender: M ◉ F ○

Name of Primary Insured: _____ Date of Birth: _____ Gender: M ◉ F ○

Billing Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Please attach a copy of your insurance card if you are in-network. Bird-Kern-Dalmia will not process insurance claims for therapy services for out-of-network clients; if you are out-of-network, please check yes if you would like an insurance claim form included with your monthly statement. *yes* ☐

Financial Responsibility Statement

I acknowledge that I am responsible for payment in full for the initial Intake Meeting and/or Complete Assessment and my insurance will not be billed; I may independently seek reimbursement from my insurance for the Intake and/or Assessment. I acknowledge that if my insurance does not pay for prescribed therapy services, for any reason, I am financially responsible and will pay in full for all services provided.

Signature: _____ Date: _____

Privacy Policy Statement

I acknowledge I have received a copy of Bird-Kern-Dalmia & Associates Privacy Policy.

Signature: _____ Date: _____

For clinic use

Therapist: _____

Diagnosis: _____

ICD-10 Code: _____