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

M F

Child's Name: ______________________________ Date of Birth: Gender:

Name of Primary Insured: ____________________ Date of Birth: Gender:

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 or secondary insurance; 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 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.

You may choose the auto-pay option in the portal to make your payments more convenient

HSA and FSA Cards

Your HSA and FSA cards must be used at our payment portal. When using HSA and FSA cards do not pay your insurance company directly. If you do so you may be held responsible for the full amount of the service or 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: ____