

Speech/Language Pathologists & Occupational Therapists 1101 So. Winchester Blvd. E155, San Jose, CA 95128

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Phone: 408/379-0245 Fax: 408/379-0361

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 ca	rd if you are in-network. Bird	l-Kern-Dalmia will not
process insurance claims for therapy.	services for out-of-network	clients or secondary
insurance; if you are out-of-network, plea	use check <u>yes</u> if you would li	ke an insurance claim
form included with your monthly statement.	yes	
Financial Responsibility Statement		
I acknowledge that if my insurance does no	ot payfor prescribed therapy s	ervices, for any
reason, I am financially responsible and w	ill pay in full for all services pr	ovided.
You may choose the auto-pay option in the po	ortal to make your payments mo	re convenient
HSA and FSA Cards		
Your HSA and FSA cards must be used at our	payment portal. When using H	SA and FSA cards do
not pay your insurance company directly. If y	ou do so you may be held respo	nsible for the full
amount of the service or services provided.		
Signature:	Date:	
Privacy Policy Statement		
I acknowledge I have received a copy of Bir	rd-Kern-Dalmia & Associates	Privacy Policy.
Signature:	Date:	
For clinic use		
Therapist:		
Diagnosis:		
ICD 10 Codo		